

ENGLISH BABY IN INDIA.



BY
MRS HOWARD KINGSCOTE

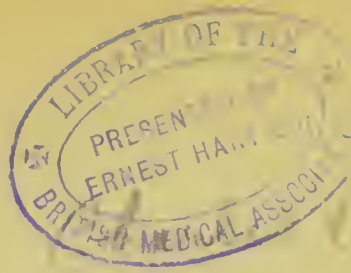
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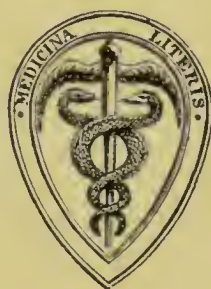
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THE

ENGLISH BABY IN INDIA

AND HOW TO REAR IT

BY

MRS HOWARD KINGSCOTE



LONDON

J. & A. CHURCHILL

11, NEW BURLINGTON STREET

1893

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PREFACE

BY

SURGEON-CAPTAIN R. H. FIRTH, A.M.S.

SOME years' experience in India as an army surgeon has convinced me of the need of a better knowledge concerning the management of English babies in that country among the wives of the non-commissioned officers and men of the British army, as well as among the humbler officials of both the civil and military services.

This need is not limited to the cases in which mothers find themselves confronted with sickness among their children, but exists as regards the proper preparation of themselves and the due arrangement of their surroundings for the coming of a young family.

This little book, I venture to think, will contribute largely towards a better diffusion of sound knowledge concerning the proper care of young children in India.

While mindful that the fundamental principle of good management of children's ailments is that of hygienic prevention, the authoress has

not disregarded the medicinal wants of the young. Though it may be laid down as a sound maxim that drugs should be avoided whenever possible in the treatment of the diseases of childhood, still the conditions of life in India are peculiar, and are such that some handy and reliable guide as to what medicines must or may be employed in certain cases is a necessity in every Anglo-Indian household.

It is true, medical officers, both civil and military, are scattered freely throughout the Indian peninsula, yet even now there are many occasions when the young mother cannot immediately secure the advice of a doctor; and it is partly to meet the wants of these isolated families, as well as to afford sound domestic medical advice to those more fortunately placed in cantonments, that this little book may be commended.

If used and regarded strictly as an aid in the absence of a medical officer, rather than as a substitute for him, this work may be expected to be of very considerable value.

R. H. FIRTH.



INTRODUCTION

IN offering this little work to the public, and to the Anglo-Indian public especially, I must ask the forgiveness of the medical world in particular, and of the whole scientific world generally, if I have omitted to use the "big words," as the children say, which serve to define certain diseases and certain remedies ; my omission has not been wholly (although partly, I confess) the result of ignorance, but rather from a wish to simplify my meaning, and to adapt this work to the use of the unlearned more than to that of the learned. "A rose," as Macaulay said, "will always be a red rose ;" and so to the soldier's wife, and to almost every English mother, "croup" will still be "croup," and not *Laryngismus Stridulus* ; and it is in the time-worn and homely language of the mother country that I offer this little book to Anglo-Indian mothers, and specially to the wives of the British soldiers amongst whom I spent so many years in India. I also trust that it may be of use to many Hindoo

mothers ; and in dedicating it to Lady Dufferin I have endeavoured to seal still more firmly, if possible, that bond of union and feeling of sisterhood which she did so much to establish by the unflagging and strenuous efforts and untiring zeal she displayed in seeking out the sufferings, and administering to the comfort, and health, and welfare of the women of India.

GEORGIANA KINGSCOTE.

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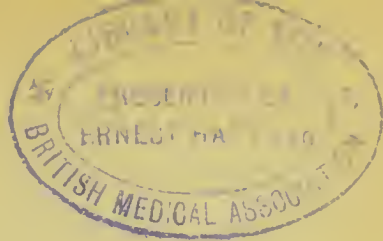
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THE ENGLISH BABY IN INDIA

CHAPTER I

INTRODUCTION

THERE are many sad circumstances connected with the life of the Anglo-Indian—separations, a certain amount of hardships for women, especially a severance from all the amusements and occupations which are always within easy reach in the mother country. As years, however, go by, India is fast losing its old appellation of “exile,” and becoming the real home, or at least the second home, of hundreds of men and women. Formerly the stations were few and far between to which wives could accompany their husbands. Even now, with all its increasing facilities for obtaining comforts, and the easy access with home, there are still hard trials very often for the English wife in India.

First of all is the parting with home and home surroundings; but this is perhaps, often for-

gotten in the excitement of the journey, the interest of seeing a new country, and the thousand little amusements and occupations which arise to wile away the first weary hours in an Indian bungalow. A sad time, however, awaits the wife in India, and that is when the children have reached the age of five or six, and the dreadful question of sending them home arises. Now comes the real wrench, and she has to choose between staying with her husband or following her children. "Shall I go, or shall I stay?" How many women have asked themselves that question! Some have friends and relations to whom to send their children; others, again, have no one, and the mother dreads the fate of her little ones when handed over to the care of hirelings. Yet the husband generally wins the day, and the cries of joy and woe of the little ones are no longer heard on the verandah, and night after night the mother goes to sleep with an aching, yearning heart, wondering if her children are crying for her. No page in life is sadder than this one in the story of Anglo-Indian experience. Yet, perhaps, there is one thing sadder still; and that is, when we walk through an Indian cemetery, to see the number of tiny graves. The average mortality of English people in India is about three in 200 men, three in 200 women, and nine in 200 children.

Many have said that this loss of life is the inevitable result of colonisation and transplantation. Can you take the red snow-flower of the north and plant it beneath the sun of Italy, or can you take the fragile orchid of Eastern climes and plunge it into the frost-bitten earth of arctic regions? No; but the cunning gardener has learnt to create a climate for his flowers, to make fictitious winters and artificial summers, by which the plant loses little, if any, of its native atmosphere, and fancies itself almost, if not quite, in its native soil. Thus the tender wax plant, and the Bresil cherry, the shell fern, the Japanese water-lily, and many other plants are reared in damp, foggy England; and so it is with children. Like little flowers they can be acclimatised, or partially so; and if a fictitious climate cannot actually be made for them, yet much can be done to defeat and counteract the ills of climate. Young mothers at home are ignorant enough, but they have older and more experienced relations to turn to, good nurses, skilful physicians, and many things to assist them in the first rearing of their babes.

In India they are the prey of the most ignorant of all servants, the Indian ayah; and of what is nearly as bad, the advice of other Anglo-Indian mothers who in their turn have imbibed native ideas. The early rearing of an Anglo-Indian baby is, as a rule, a mixture of old

wives' tales sent on years ago from the mother country, and of native prejudices and superstitions. The worst thing a young mother can do is to be constantly asking and following advice : it may be good sometimes, but it is often also very bad ; and some mothers are daily changing the treatment of their children simply because Mrs So-and-so said this, or Mrs So-and-so said that. The great thing is to have some rules and principles of one's own which have succeeded, and to carry them on without varying if the child seems to be doing well ; and then, on the other hand, we would not have the young mother obstinate, and stick to some beaten rule in despite of the child's health and happiness.

A mother ought to make her children a constant study, remembering that no two children are alike, and that what has answered with one child may not answer with another. Some doctors and nurses have a theory that a child after two months old should not be fed except at intervals of three or four hours, no matter how much it cries. This may answer with a child who eats ravenously when it is fed ; but, again, there are children whose stomachs cannot retain much at a time, and go on nipping, if one may so express it, all day. These children should be fed whenever they want it. These latter are generally children with what the natives call thin heads, narrow faces, and fine

skins. These children have well-developed brains, cut their teeth easily and early, are precocious in their ways, and restless sleepers. Such children need thicker food at an earlier age ; a fat, full-blooded baby needs thin food, and generally teeths later.

I trust, however, that my readers will not think that I am against having regular habits for feeding a baby. I am, on the contrary, the strongest advocate for children being trained into regular ways if possible, and with a little tact and judgment this is easily obtained. You can soon tell if your child is really hungry by seeing if he finishes his food. If after two hours he cries, and then hardly touches his bottle when given to him, it shows that he could have waited half an hour or even longer, and if he does this one day the chances are that he will do the same another day. I have found it a good plan, when trying to get a baby to wait for three hours (my idea is that it ought never, unless asleep, to wait much more), to take it into another room, walk it about, amuse it, and by any means available change its thoughts. It will often forget its bottle for a time, and thus the change is obtained. A wise mother will never be guided by an ayah, nor trust her completely, however trustworthy she may seem ; but it is a mistake to be always changing, for the probabilities are that each succeeding ayah will

be worse than the first. I do not wish to frighten the young mother, nor to overwhelm her with the idea of the dangers accompanying childhood in India; on the contrary, the object of this little work is to enable her to cope with the difficulties of climate, &c., and to give her some useful hints and a feeling of security under those difficulties. There are whole families of children brought up in India who look as well and strong as any England-reared child. I am, of course, speaking of those in healthy stations, but as a rule their health is to be traced to judicious care, and especially to regard of details, such as good water, cleanliness, both personal and in food and drink; keeping the head well covered when out in the sun, not leaving them out long after sunset, wearing flannel, &c.

CHAPTER II

THE LAYETTE, OR CHILD'S OUTFIT

THE first idea, as a rule, that occurs to the young wife when she is about to become a mother, is that she must prepare the clothes of the "It;" and some women are hopelessly ignorant of what a baby needs, and how to set about it. Should the amount she can spend be limited, which is generally the case with the Anglo-Indian wife, she is lucky if she has learnt needlework, and can set to and make most of her child's clothes herself. In any case we strongly recommend to all mothers, especially in India, the advisability of working for her child herself. Apart from the saving of expenditure, needlework has a soothing effect on the nerves which is highly beneficial to the pregnant woman; and secondly, it helps to while away many a weary hour in the hot season of the Indian plains, and as the time of her confinement approaches, the young wife, as a rule, becomes less and less inclined to receive or pay calls, and the last months and weeks are generally fraught with constant weariness. Another consideration is that ayahs, as a rule, have no idea of needlework beyond, perhaps, darning indifferently and doing a plain

and very coarse hem. Then in many stations tailors are rare luxuries, and very expensive.

The usual layette of a new-born infant consists in the following :

8 day shirts.

8 night-gowns.

4 monthly gowns.

4 day flannels.

4 night flannels.

2 head squares.

5 flannel bands (1 yard of flannel makes
5 bands).

4 robes.

1 hood and veil.

2 dozen diapers.

4 long petticoats.

6 pairs wool boots.

12 flannel pilches.

4 pair cradle sheets.

4 pillow-cases.

2 blankets.

This is the very least that a baby can do with in any country, and it is a great mistake to think that in India it needs a different sort of trousseau than in any other part of the world. Except in the very hottest parts of India, the new-born infant needs much the same clothing as in England, and no child can suffer from too much heat during the first month of its life. What it can suffer from is cold, in India as

elsewhere. Perhaps the slight difference can be made in the texture of the cloak and hood, and in the bed clothing. We have a strong aversion to the long clothes being open at the back except in the very hottest climates, which is the custom in India from a mistaken idea that the child feels the heat less. First of all, two white linen garments can make very little difference; then the knee or mattress causes just the same heat. The great disadvantage of it is that a baby, as a rule, unless fast asleep, never lies long on the knee or in the cradle or on its back, and each time it is moved the air pierces through the apertures on to the flannel, probably causing a chill on the top of the perspiration. The only advantage of the open garments is that fewer clothes are wetted, but even this does not make much difference. There is one thing that we would advise the young mother, and that is not to have the children's clothes of as fine a texture in India as she would at home, and to refrain from too many lace trimmings, as the dhobee or native washerman is very apt to destroy it in two or three washings, and there is nothing uglier or untidier than ragged ends of torn or frayed lace. Narrow embroidery and Coventry trimmings wash better and last longer. Another difficulty, or rather what used to be a difficulty in the olden days, was where to get stuffs, cradles, &c. This difficulty, in these days of parcel post, has

almost passed away; fifteen or twenty pounds spent at Whiteley's, Westbourne Grove, goes much further than the equivalent two or three hundred rupees in India, where the profit charged on English goods exceeds by far the value of the article including the postage. Beautiful swing cots are sold in London for one pound, and the cost of having them out "per cargo" is very small when time is no object. When time is an object it is better to get them from Whiteaway and Laidlaw, Calcutta, who have nice little cots from eighteen rupees; but the shipping from Calcutta to Madras and other stations almost equals the cost of getting them out, and where a lady is able to "square" the captain of a trooper to bring things out for nothing she should always endeavour to buy everything in England. A swing cot is a very safe investment, as it is easy and amusing to turn it one's self, and at a sale will generally fetch almost as much as one gave for it. Here, again, those who do not wish to spend will find natives very clever in fabricating cots and cradles in basket- or woodwork for a very low price. I know of a sergeant's wife who had a very pretty cradle made for the exorbitant sum of one rupee. The next thing to the cradle is a basket. This old-fashioned practice is one that ought never to die out, because it is so useful in keeping the baby's things together and in one clean spot, and to the

untidy ways of ayahs it gives a certain check if the thing must be in the right place.

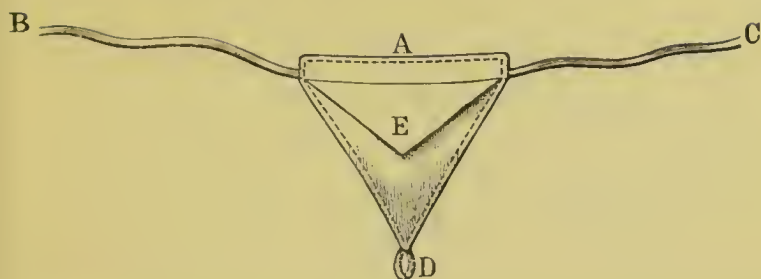
The disadvantage of bamboo cradles and baskets is that they are favourite breeding-places for many disagreeable insects, and require to be frequently washed with boiling water and dried in the sun.

The basket should contain a small hair brush (very soft), two powder-boxes and puffs, one filled with fuller's-earth, the other with violet powder—Pears' or Burgoyne's powder is the best; a pot of cold cream or vaseline, a soft sponge, a box of safety-pins, and two or three threaded needles. A baby's clothes should always (except the diapers) be sewn, or tied with tapes, never pinned. Then it would be well if the mother saw placed in the basket, after the child's bath, the flannel band, socks, night-dress, &c., ready for night, and after the evening ablutions the same thing got ready for the morning. This has a great advantage with ayahs, who are apt to mislay things, and then at the last moment to take anything they find at hand, in a hurry often seizing damp and dirty clothes.

Some nurses are in a great hurry to teach children clean ways, and I have known a nurse take a child out of bed as early as four or five weeks old rather than let it wet its cradle. We are great advocates for cleanly ways later on, but the constant taking up of a baby in the

night gives it restless ways and habits, and unless the child shows discomfort it is well to let it sleep on, or to change the napkins without moving it. If a child is a good sleeper it is a good habit to lay the diapers under the body without pinning up. This is especially good if goodries or mackintosh are used, as is customary in India; but we are strongly against these, especially in hot climates, where it is most important that air should circulate round the legs.

The best guards are small squares of fine bath towelling placed outside the diaper; and if the diaper is four-fold, as it ought to be, and the fine bath towel double, there is no fear of its going through. These squares are to be had at Whiteley's, or anywhere in England. Some nurses have a good habit, as the child grows older and does not wear napkins, of making three layers to its cot, each layer consisting of a sheet, a piece of waterproof, and a blanket; and as the child wets the top one it is slipped away from under him, and he finds the next one clean and comfortable. This avoids a great deal of disturbance in the night. Waterproof sheeting is to be had by the yard at Runganathum and Co., Madras; also at Whiteaway and Laidlaw, Calcutta, and in most shops. When the child is in short clothes the best thing to put over the diapers are small flannel pilches, made in this shape :



The band goes round the waist, the two strings are run through a loop at *D*, brought between the legs like a diaper; the cappel *E* is merely placed inside for thickness. These flannel pilches, even in the hottest parts of India, are the safest things for a child to wear. They are bound all round with tape or flannel-binding. A dozen will suffice, as they can be washed, and an Indian sun dries things quicker than any fire. A wise mother will be constantly having things put out in the sun, and for fear of infection she will have as much as possible washed in the house and compound; flannels, socks, and napkins should be washed in the house. Camphor should always be kept in a baby's wardrobe. An Anglo-Indian baby should never be without flannel, and from its earliest infancy it ought to wear flannel at night. Jaeger's clothing for preference, as it does not irritate the skin and absorbs perspiration without checking it. If preferred the white night-gown can be placed over, but a thin flannel chemise should always be placed next the skin as soon as the band and night flannel

are given up. As soon as the child leaves off the long night-gown, say at ten months or so, it ought to wear pi-jamas; these should be of the very finest gauze flannel in hot parts of India and during the summer in the plains, and of ordinary thick flannel in winter and on the hills. They consist, or should consist as long as the child is small, of a shirt and drawers separate from each other, both for boys and girls. The object of the drawers is lest they should kick off the clothes, which all children do as a rule; and the object of having them separate is, in case of accidents, the lower garment can be removed and another substituted without waking the child. The shirt should be a simple loose garment, with a running string at the neck and a wide band at the waist. The drawers should be loose and baggy, and draw at the waist with a string.* Later on, when the child is two or three years old, these can be made all in one. It is well even while the child is in long clothes to lay it on a bed with its clothes turned up and without diapers, provided it be out of a draught. In India, as elsewhere, the child should be carried about as little as possible, to prevent the heat and friction of the arm. Its clothes ought to be loose, especially during the first month. The Indian monthly nurse is apt to bandage it too tightly, causing the child to have flatulency.

* They are perhaps preferable buttoned on to the shirt.

The wrists and neck of night-gowns, cloaks, &c., should always be loose, and the strings of the bonnet or hood not too tight. The knitted socks should be of fine wool, and allow the toes to move about freely. A child should be short-coated between two and three months old in every country, but especially in India (where too much heat weakens the legs);* and now begins the real difficulty of keeping them warm, as they can no longer be wrapped round like mere dolls, and are always moving their arms and legs about. Many English nurses object to wrapping up a child in India, arguing that it makes the children unfit for an English climate. This, however, is a mistake. The very fact of living in India causes a slight delicacy of constitution, which renders people more liable to diseases of all sorts. Then the changes of temperature before and after sunset are much more marked and rapid than in our country; and, lastly, a chill which would cause merely a cold in England constantly turns to something more dangerous in India, and ought therefore to be avoided carefully. As soon as the baby gives up the little shirt and flannel band it ought to wear a fine knitted or woven jersey, and a band of flannel round the waist to prevent dysentery.

* I am not sure that the flannel band is always necessary after three or four months, as it leaves you nothing extra to put on in case of dysentery or diarrhœa.

Should it have these two things it will not be necessary that it should, after a year old, also wear a flannel petticoat in the plains ; but during the rains or in the hills this would be necessary, and in the cold season of any climate it would be advisable at all events after sunset. A woollen pelisse is preferable, not a cotton one, during the rainy season, or in any case a knitted jacket under the white pelisse, as the linen texture is apt to turn cold and clammy to the skin. We strongly advocate high-necked dresses for small children, except in the very hot season, on account of the draughtiness of bungalows and the carelessness of ayahs, who never feel a draught themselves. Not to load the child with clothing, it is well to have the petticoats tacked on to the stays, and the stays merely home-made ones of linen, with buttons sewn on. There is no climate that requires so much change of dress as in India. You may feel hot in a cotton at ten in the morning, and very cold in it at six, and therefore a careful mother will watch through the day, and vary her children's costume. As long as the child is unable to wear a sun topee it ought to go out late in the afternoon and return soon after sunset—in fact, the less a child is in the sun in India the healthier it will be ; and the mother must submit to pale cheeks, which may not be a sign of ill-health, but simply a want of sun.

CHAPTER III

FIRST MONTH.—MONTHLY NURSE

THE first month of a baby is the most important one of its life, and as the monthly nurse, so to speak, holds its life in her hands, the mother being unable to attend to it, it will not be out of place here to give one word of advice with regard to a monthly nurse. There is no longer in most stations the great difficulty that formerly existed in finding a monthly nurse. In some stations there are more than enough, if not too many. They are, as a rule, East Indians, or people of long residence in India, and are apt to have rather old-fashioned ideas, with which the young mother ought to cope. First of all she should never allow the child's nipples to be broken, as is the habit amongst some old-fashioned nurses. Secondly, the mother should insist on the child being washed twice a day unless delicate. Thirdly, it should not be given butter, or sugar, or anything but its proper food. Fourthly, it should not be bound too tight, which is a common failing in India, and causes great suffering to the child through pressure. A lady would do well not to take a

nurse only on a doctor's recommendation, as the doctor can only judge of her capacity for work, and not whether she is clean and pleasant in the lying-in room, bright, willing, &c. She should, therefore, have one of whom she has heard something through some friend. The young mother will need for her confinement—

1 waterproof sheet (large, to go over the bed).

1 large square of flannel (called a receiving flannel) for the child to be placed in at its birth.

1 feeding cup.

1 bed-pan (china if possible).

A pair of scissors.

A pot of cold cream, and some tacking thread for the doctor to tie the navel-string of the child, a binder and safety-pins, as well as a clean sheet well aired, ought to be close at hand. The young mother, before her first child, is very prone to gloomy ideas about her dying in childbirth. Let her know for her comfort that the average number who die, as it is called, in childbirth is very small indeed; and out of these the larger number do not die in childbirth at all, but from some imprudence after the confinement, principally from chills, and these are of much rarer occurrence in India than in England. The room of a lying-in woman should be kept cool and free from draughts. Twenty-five confinements amongst English wives of officers and soldiers took place in two years of

my stay in an Indian station, and not only not one was fatal, but there was not one case in which at the end of the month the patient was not able to drive out and resume her usual duties, if not before. Another advantage of confinements in India is that they are, as a rule, less painful and quicker, a first confinement often being only seven hours, and a second three; but this also depends on the patient. The only drawback to an Indian confinement is the difficulty of regaining strength. A woman should lie up an hour a day for two or three months after her confinement, nor should she ride or even dance much till after that period. But to return to the monthly nurse and her duties: the great requisites are soberness and cleanliness. If possible, try to secure a teetotaler. Then she must be bright and willing, and not give herself too many airs—a failing, I may say, more prevalent in India than in England, the habit being to give a great deal to the ayah and sweeper woman to do which ought to be done by the monthly nurse. The monthly nurse, for instance, ought always to bring the patient her meals herself, and the ayah and sweeper ought to be seen as little as possible. Another great mistake made during the lying-in month in India is that of washing and tidying the patient too early, and a medical man should be asked not to visit before nine or ten. The

patient during the first weeks often only falls asleep at about three or four o'clock in the morning, probably owing to a crying baby or other things, and the first refreshing sleep she may have may go on till seven or eight. She is then probably craving for food, and should have a cup of tea and some toast before she goes through the exertion of being washed and dressed. The monthly nurse can be quite satisfied if the mother and child are washed and dressed, and the room made sweet and tidy by ten o'clock or 10.30; this has also the advantage of shortening the day for the patient, to whom it seems quite long enough without beginning it at seven in the morning. She may have to be disturbed at five or six in the morning to feed the baby; at this hour, or earlier if she wakes, she ought to have some beef tea, kept hot through the night by means of a patent food warmer. After nursing the baby she should try to get to sleep again. There is a tendency to starve women in India after their confinements for fear of fever; this is not necessary unless the patient shows signs of fever; as, on the contrary, if the patient gets fever at a later stage, it is well to have had something to go on in the way of strengthening food, in order to have strength to battle with the fever. For the first day of the confinement the diet should consist of gruel, arrowroot and milk, bread and milk, tea, and dry toast and butter.

The second day, dry toast and butter, tea, beef tea or arrowroot, chicken broth, bread and milk. By the third day she may have chicken and mashed potatoes, an egg, or rice pudding. By the fifth day she can have a mutton chop or slice of mutton instead of the chicken; her beverage should be barley water, toast and water, milk, or milk and water, and all liquids during the first fortnight should be taken by means of the feeding-cup. It is as well for the first three or four days to abstain from wine, but after that a glass of home-brewed ale or one or two glasses of wine will do no harm. Another thing in which monthly nurses in India are often deficient is personal cleanliness. The hot climate and consequent want of energy are much to blame for this, but a strong-minded, active woman will fight against these temptations, and resist climate. A monthly nurse ought to be spruce and clean, and always wear prints and clean aprons; she ought not to be too fine, either, as the generality of English women in India are not rich, and an Anglo-Indian monthly nurse ought to do her best to keep down expenses. One great trial to the monthly nurse in India is, as a rule, that the native servants try to cheat her out of her food. They give her bad food, and yet charge their employers for her extra food very highly. This can be remedied in two or three ways: one is by the master of the house sending her out a

tray direct from his table if he feeds at home ; or if he is a soldier and is in the habit of dining and lunching at mess while his wife is laid up, a good plan is to allow the monthly nurse so much a day and let her order her food ; or, again, order what she is to be given before she arrives, and to threaten the head boy that he will be fined if she does not get what is prescribed. Should the patient have some intimate woman friend in the station, it is a good plan to get her to come every morning and see how things are going on ; but in any case the monthly nurse should not worry the patient about these little matters, but should go straight to the master of the house.

Another great inclination is to allow the patient to get about too soon. A hot climate is the one of all others in which a patient ought to be careful of sitting up or walking too soon. Even when in good health the lower parts are far too apt to be relaxed by the enervating climate, and after confinement they are, of course, doubly prone to this. I have known even medical men in India allowing the patient to drive out on the tenth day. This is highly reprehensible. Of course the period at which the patient leaves her bed and her room depends greatly on her health and disposition. On the tenth day she may be lifted on to a sofa, but it would be better if she did not do so till the twelfth day. On the fourteenth she can be

wheeled into an adjoining room for a few hours. At the end of three weeks she can spend the greater part or whole of the day in another room, taking care, however, to keep on the sofa all day and retire to bed early. She may also now take a short drive, but she should not return to her customary routine till the month is accomplished. I know that many will exclaim that this is all nonsense, that they have known many who have, or that they themselves, perhaps, have driven out at a fortnight, walked out at three weeks, &c., and felt none the worse. This may be, and after a first or second confinement no evil results may ensue; but as age comes on the health of that woman is less likely to be good than the one who has been careful. Indeed, in India a woman, be she married or single, young or old, should lie down at least an hour of every day.

To return to the monthly nurse: we would advise the young mother in India, especially after a first confinement, to have the monthly nurse in the house, if possible, one or two days before she expects her confinement, as confinements in India are often so rapid that there is no time to fetch her. Those living in the jungle, outlying districts, and coffee plantations are particularly advised to do so, as very often she is entirely dependent on the nurse, the doctor being probably at a great distance. Brandy or

any alcohol is totally unnecessary during labour or during the lying-in month. It is wise, however, of the patient the moment she feels the pains coming on to have a cup of beef tea. This will help her to keep her strength up. We strongly advise, where it is possible, that a mother nurse her child. In India this has the salutary effect, as a rule, of keeping off fever, and obviates the puzzling question, "What shall I feed it on?" Chloroform is not such a comfort in India as it is at home, for the open windows and heated atmosphere cause it to evaporate, and I have known patients who declare that they felt the pains all the time. The moment after delivery the patient ought to be warmly covered up to avoid chill. She can also have a cup of tea at once. The room ought to be kept cool and well ventilated. The bed-linen should be changed every day. Syringing with Condyl's fluid or carbolic is essential two or three times a day for the first ten days. Neglect of cleanliness is everywhere fatal to health, but in India the results are *most* fatal. The bowels should be kept open regularly, either by castor oil or by means of an enema. In India, where limes are plentiful, castor oil need hardly be tasted if well mixed with lime juice and orange wine.*

But let us return to the baby, for whose

* An excellent aperient is liquorice powder in milk.

benefit this little work is intended, and follow him from his birth to the end of his first month.

A new-born infant should always be washed in warm water from 85° to 92° Fahrenheit. We would advise that a child's bath be always of filtered water, as tank water in India is a constant conductor of disease. Children are very apt—indeed, they are almost always in the habit, especially when teething, of putting the flannel and sponge to their mouth. Should it be impossible to obtain two baths of filtered water in the day, then in any case during infancy the tumbler with which the mouth is washed out by the nurse should be of filtered water. Castile or Pears' unscented soap is the best for the use of babies. A child, till it is five or six years old, should always have two baths a day. A very prevalent habit in India is to send the child out in the early morning before, or without, its bath. A child should always at least be sponged with lukewarm before it is dressed. A child in India should never be washed in quite cold water, as this leads to liver complaint. Both sponge and flannel should be used for washing children, and the palms of children's hands should always be thoroughly soaped, as they perspire through their hands. Never wash the head of a new-born child with brandy. Where there are two or three children, the same sponge should never

be used for each child. Great care must be used in washing the ears of a child; they should be thoroughly but very carefully done. A gathering in the ear is often caused by inattention to drying the ears properly; and, on the other hand, nurses have been known to break the tympanum of a child's ear by violent usage. Pears' violet and rice powder are the best powders for children. Children should be powdered every night till they are five or six years of age. Starch powder made from wheaten flour is very good. A small infant should never be rubbed with a towel, only dabbed. An infant's napkins should never be washed with soda, as it causes excoriations and breakings out. The greatest care should be taken in the choice of a dhobee or Indian washerman. Half the illness in India is caused by the unscrupulous way in which dhobees will have washing from any infected house, and wash it with everybody else's in the same tank. It is well worth paying a little more to have the things washed in your compound if you can get him to do it. In Northern India it is the habit for each house to have its dhobee, who washes in the compound or garden, but in Southern India they refuse to do this. The next best thing is to find out (which is easily done in a small Indian station) whom he washes for, and then should illness break out in any of those houses you can easily dismiss your dhobee for the time.

Another good plan is to make him take away the linen in one of your own dirty tablecloths, and to bring it back in the same one clean, so that he should not wrap your clothes in one of his own cloths. A child should be washed and dried quickly.

Clothing

We would advise the Anglo-Indian mother to avoid the calico belly-band or binder which is generally used in India, and have only the flannel band, which should be used till it is two or three months old. Good nurses generally accustom a child to leaving it off by tearing a strip off daily for a few mornings. We strongly advise that the long clothes be not used too long; no pins should be used in an infant's clothing. It is not necessary to give children flannel drawers except in the hilly districts of India. A flannel vest, with a small fine flannel band attached, is quite enough. Even in India a child's clothes should be dried in the sun before putting them on.

CHAPTER IV

DIET

As has already been said, a mother ought always to try and nurse her child herself, but when she is not able to do so there are many ways in these days of bringing up a child by hand equally successfully. Nurses are very fond of giving Swiss milk, for two reasons : first of all, it is the least trouble of any artificial food ; and secondly, it readily fattens the child, and so does them credit. But I have noticed, and feel almost sure that I am doing right in saying this, that children brought up entirely on Swiss milk are not as muscular nor as hardy later on as children brought up on natural milk. The advantages and disadvantages of Swiss milk are briefly these :

Disadvantages

1. If kept very long it seems to be digested with difficulty.
2. Now and again slight decomposition sets in, when it becomes unwholesome.
3. In the case of some infants, either the milk itself or some of the ingredients used to preserve

it produce intestinal irritation, and consequently the children do not thrive.

4. In India supplies are apt to be old and unreliable.

Advantages

1. That it is seldom or never sour.

2. Its curd seems to be less dense than that of ordinary milk.

3. Its preparation reduces the danger of the existence of disease germs in it to a minimum.

4. It is suitable generally for young infants, and to tide older ones over teething when a mild diet is necessary.

For an infants' milk, Swiss or natural, one part should be mixed with at least two parts of water, the quantity of milk being gradually increased until at six months of age the child can take one third of water with two thirds of milk. A little lime water is generally useful.

In some cases of illness, when green curdy matter is being passed from the bowel, whey from rennet and milk mixed with equal parts of cream forms a mixture which, when added to an equal part of hot water, forms a useful food.

At times, particularly when children are unable to digest ordinary milk, the use of peptonised milk is of great value. To prepare this take 4 oz. of fresh milk, 4 oz. of water, 1 oz. of rich sweet cream, 200 grs. of sugar of milk, 4 grs. of carbonate of soda, and a grain and a half of

extract of pancreas (the best preparation being Fairchild's) ; mix these in a jug and place the jug standing in a vessel of water as hot as the hand can bear, leave it so for twenty minutes, then use at once to prevent it getting bitter. If intended to be kept, it should be boiled or placed on ice, otherwise it becomes unpalatable from excessive action of the digestive agent. One great advantage of Swiss milk to the children of military people in India is that when they are moving about it overcomes that great evil of babies, namely, a change of cow. If you are certain of remaining in the same station for a length of time, at all events till the baby is weaned, and if you are in a position to have your own cow (the same cow always) in your own compound, then cow's milk is as good as any; but as it is very seldom that one can get this, we advise Swiss milk, but not given too strong, as is so often the case. As a rule, for a child from one to two months old one ounce of Swiss milk to ten ounces of water is the right proportion. At six or seven months a child may safely have some variety of food. Often the milk in the plains is so poor that a weakly child is not satisfied with it if it is being fed on natural milk, such as cow's or goat's, and will require something to supplement this, such as Mellin's or Nestlé's food.* Then there are a host of other foods—

* See Appendix.

Savory and Moore's, the artificial human milk of the Aylesbury Dairy Company, or the milk water and sugar and milk food of Messrs. Allen and Hanbury, combined with the *tous-les-mois* of Robb's biscuits; but the four favourites are Mellin's and Nestlé's, Savory and Moore's, and Robinson's patent barley. What, however, suits one child may not suit another, and a careful mother when she sees her child fretting on one food should change about till she hits on the food which exactly suits. At the same time no mother should be perpetually changing about, or trying experiments from caprice, particularly if she sees that the child is doing well on the food he is actually taking. Further, it is a great mistake to be too much influenced by what others say. People are in the habit of giving promiscuous advice to young mothers, the result being that the child never has a fair chance. If the child seems all right leave it alone, and if satisfied with milk give nothing heavier.

It is very easy to see if a baby is satisfied or not; if not satisfied he will cry almost immediately after feeding, and is constantly needing what nurses call "littles and littles," namely, a little more, say half or a quarter of a bottle every hour or so. Restlessness in a young infant is, as a rule, an indication of insufficiency of food, either of quantity or quality. If this is found to be the case, do not at once start some

farinaceous food, which may not yet be necessary, but for one or two days thicken the milk by giving a less proportion of lime water or water then if he still shows signs of hunger it will be well to start some more solid food, such as those mentioned above. These should not be given at once with every bottle. It will suffice at first to give only two or three bottles of them a day, gradually increasing the quantity. When a child is teething it is not a good thing to overload it with heavy food, though, should dentition begin very early, it is as well to keep the child's strength up. If a child is very much exhausted a quarter of a cup of beef tea once a day may be given, but it should be remembered that it is not usual for so young a child to require this. The longer a child is kept on milk diet the better, especially if the child be a full-blooded, strong, healthy child. At all events, if possible avoid farinaceous food till a child be six or seven months old, or till such time as he begins to teeth, as soups are apt to create acidity, and to give the child too early a taste for strong food. Some children thrive well on boiled barley and boiled bread. Here is one recipe:—Cut thin slices of bread into a basin, cover the bread with cold water, place it into an oven for two hours to bake. Take it out, beat the bread up with a fork, and then slightly sweeten it. Another recipe is to take a pound of flour, put

it in a cloth, tie up tightly, place it in a saucepan full of water, and let it boil for four or five hours; then take it out, peel off the outer rind, and the inside will be found quite dry, and this should then be grated and mixed with milk.

Another one is to bake some flour in a slow oven until it be of a light brown colour, powder this with a rolling-pin, and keep it by you in a tin for use. Again, crumbs of bread baked are often palatable to an infant. These are best prepared by crumbling some bread on a plate, and then letting it dry at a little distance from the fire. When dry pound the crumbs to a powder and pass them through a sieve, then put them into a slow oven till they are of a light brown colour. A small quantity either of the boiled or baked flour or of the baked crumb of bread ought to be made into food the same way as gruel is made, and should then be sweetened either with lump or brown sugar.

Baked flour and oatmeal are at all times good for children, but have a slightly constipating effect. This can be avoided by using boiled milk or milk and water sweetened with white sugar; rusks beaten up with a fork and then slightly sweetened are good; so, too, is the top crust of a baker's loaf boiled for an hour in water, and then moderately sweetened. Raw sugar is often better than lump if the child be constipated.

Neave's farinaceous food is thought by some to be less binding than others; while rice reduced to a pulp, and then allowed to simmer for a quarter of an hour, is frequently of great use if mixed with one third of fresh milk. So, too, Barry's ravalenta arabica is of value when made into a food with new milk much in the same way that arrowroot is prepared. All these foods can be given by means of the feeding-bottle. As a rule a child's milk should not be boiled unless doubts exist as to its quality, or difficulty exists in keeping it sweet. In India, however, the difficulty of keeping it sweet through the night is often so great that it sometimes has to be boiled. Boiling milk reduces its excessive richness. For this reason, if a child goes to a hill station from the plains it is as well to boil the milk for the first few weeks, otherwise the hill-fed cow's milk may be too rich.

As an alternative to boiling in order to keep milk sweet it may be placed in cold water or in ice, or scalded. Scalding does not take away its richness so much as boiling does, and is really a very simple process. It is done by placing a cup or bowl of milk into a saucepan of boiling water, and leaving it to stand in it without putting it on the fire : some people stand it in front of the fire. Ass's milk is good for weakly children, but neither ass's nor goat's milk is to be re-

commended in India, as there is no means of ascertaining what food they eat.

A native wet-nurse is a thing to be avoided in India, as there is no doubt that children imbibe moral and physical tendencies from the breast that nourishes them; and it is almost impossible to discover the antecedents of an ordinary native woman, and her habits and instincts are rarely likely to be sufficiently good.

There are many varieties of feeding-bottles, but we strongly recommend the old boat-shaped bottle, as the absence of a long tube goes far to prevent the introduction of wind into the child's stomach, besides being infinitely more cleanly, being so easily cleaned. Very little sugar should be used in the child's bottle, but salt is always good, and in the case of Swiss milk most necessary. Should a child be constantly sick, it is a proof that the food he is taking is either too rich or too heavy. If the former, give no milk without adding lime water; if the latter, give less milk and more water.

As a rule, the only two things a child suffers from during the first few months of its life, till teething begins, are diarrhœa and constipation. Diarrhœa, if it be not very violent, is not dangerous in England, but in India it is frequently rapidly fatal in its results, and consequently should be stopped in time. In the case of young infants a few drops of sal volatile

will often check it; but this should be preceded by a dose of castor oil. A dose of castor oil given at once for diarrrhœa is invaluable, but should not be given later than the first stage. Should these two remedies fail it will be necessary to give chalk mixture, or one or more of the medicines prescribed on page 177. A band of flannel round the bowels often checks diarrrhœa, particularly when caused by chill. But the best of all remedies for diarrrhœa or dysentery is change of air and food.

For flatulency or wind in the stomach dill water is the best and, in fact, only remedy for young children. This may be due to sucking an empty tube or being too tightly bound.

CHAPTER V

VACCINATION

THIS is frequently a source of much worry and annoyance to both mothers and babies. To the former it is often associated with needless fear and anxiety, while to the infant it unfortunately and unavoidably gives rise to considerable discomfort. In the first place, every mother should clearly understand that vaccination is the act by which a child or grown-up person is inoculated or infected purposely with the material of a certain peculiar and mild disease common in both calves and cows. This curious affection of cows has been found to have a peculiar and definite relation to another disease common in human beings, namely, smallpox. It has been found that the two diseases are hostile or antagonistic the one to the other, and that a child or person efficiently infected with the cow's disease (vaccinia) is very distinctly protected against the human disease (smallpox). More than this, even, for in cases when such vaccinated child or person does get the smallpox this disease runs a mild and simple course, whereby both death and disfigurement are

reduced to a minimum. In former years, even in our grandparents' time, it was rare to walk through any street in an English town without meeting many persons deeply scarred and pitted from smallpox. At the present time, owing to the systematic vaccination of one or more generations of young children, the great mass of the population of England has become protected against the smallpox, or placed in such a condition that the smallpox only runs a mild course in the greater number of cases. The result of all this is that one rarely meets nowadays anyone badly marked by this disease. Any relaxation in the practice of this precaution, and the consequent growth of any large number of unvaccinated children, would undoubtedly lead to a similar condition of affairs as was common in our grandparents in early days. Those who have been any time in India will readily appreciate these facts, for in that country, where vaccination is neither compulsory nor absolutely general, a very large number of the native people not only are deeply scarred and pitted with the disease, but also a very large number of them yearly die of it. The actual operation of vaccination is really a very simple one, and if due care and cleanliness are observed by both the doctor and those in charge of the child no ill effects should arise. The best time for the vaccination of an infant is

when it is from six weeks to three months of age. In India the operation can be performed during any period of the year except during the rainy or monsoon season. The objection to this period is that, owing to the great general moisture and unhealthiness of most persons, any wounds or pricks are liable to assume an unhealthy character, and too often give trouble. The child having been duly vaccinated needs no special precaution, beyond scrupulous care being taken to keep the inoculated part free from irritation, such as rubbing, scratching, and dirt. Nearly all the bad arms which follow vaccination are the result of filth, either applied or introduced into the part from some cause or other. Avoid the application of all greasy stuffs, ointments, and other messes. For the first eight days after vaccination the part should rarely require anything being applied to it beyond the common shield against scratching. When a vaccinated arm or leg looks red and angry, the odds are something has irritated it, either accidentally or wilfully. To subdue the irritation, inflammation, and general discomfort natural to the performance of vaccination, no better application for the part exists than a folded handkerchief or piece of clean linen laid on the sores, after having been dipped or soaked in some plain water, made a red colour by the addition of a few drops of Condyl's fluid; this should be kept

constantly moist and loosely bound on with a handkerchief or bandage. In the event of much swelling and redness of the part, about the ninth or tenth day after vaccination a series of hot bread poultices give great relief.

Occasionally, even when the greatest care has been exercised in regard to the vaccination by all concerned, a baby or young child shows much constitutional disturbance. Mothers should not on account of this hastily assume that there has been either neglect or insufficient care exercised in the source of the vaccination material. Frequently children, however carefully vaccinated, develop some fever, with disturbance of digestion and the appearance of small blisters (vesicles) in different parts of the body; these vesicles may pass on to a pustular stage, followed by small sores or ulcers. This state of affairs is not abnormal nor unnatural, though fortunately rare, but should in every case be placed under the care of a medical officer. In the absence of immediate medical advice a mild aperient should be given, and all spots or sores kept clean with Condy water, and no ointments of any kind applied. Some words of advice are needed in regard to the question of the source of the vaccination material. As a rule this matter had better be left to the discretion of the doctor. A large number of mothers, the victims of natural maternal anxiety,

think they can best decide from whom their baby shall be vaccinated. Unfortunately their choice and decision is frequently the result of sentiment and prejudice rather than of a sound knowledge of fact. As before said, let the doctor decide ; it is against his interest to vaccinate from or recommend vaccination from an unhealthy child ; and as to judging which child is healthy and safe and which unhealthy and unsafe, no one can do that better than the doctor. In India the question is sure to arise as to the vaccination being from a native child or not. On this point much misconception and prejudice exist. In the first place let it be clearly understood that, in its physiological nature, a black child differs in no way from a white one. The vaccination can be, and is as likely to be, just as efficient from a native or black child as from a European or white one. The whole question resolves itself into whether the child from whom the vaccination is done is healthy or not ; on this point the doctor is quite competent to give an opinion. It must never be forgotten that vaccination from arm to arm, that is from one child direct to another, is the only sure, safe, and certain means of efficient vaccination. It is true that the calf is the original source of the material used in vaccination, and that is now often used in European countries for the vaccination of chil-

dren ; still there are, even in England, many difficulties in the way of its general use, and in India these difficulties are considerably increased. For all practical purposes the mothers in India may accept this as a safe rule : if possible have the vaccination done from a white child, and that, too, a child of whose parentage and surroundings you have some knowledge ; but in its absence, subject to the doctor's approval, do not hesitate to allow your child to be vaccinated from a native or black infant—better that than no vaccination at all. As to the number of places in which vaccination is done, it may be accepted as true, as the result of many years' experience and observation in England and other European countries, that vaccination, to be efficient, needs to be performed in at least three spots. Immediately after the performance of the operation every mother should satisfy herself that the ayah or nurse, when washing the child, does not wash or rub off the vaccine and blood-clot, as so doing retards the vaccination often, and too frequently prevents it being successful.

CHAPTER VI

SLEEP

NURSES sometimes make a great mistake by trying to rouse a child when he sleeps at odd hours, thinking that he will get better nights. A child till it is a year old ought to sleep whenever it likes ; after this it is a good plan to get into regular hours. A child in every country ought to sleep or lie down for two or three hours during the middle of the day until it is quite five or six years of age. In India the custom is essential, for besides resting the child's limbs it has the advantage of making the long day in the bungalow shorter. Never give a child a sleeping draught, however troublesome he is. A horsehair mattress and pillow are best for a child to lie upon ; if he will sleep without, give him no pillow. A great many women make the mistake of putting their children to bed as early in India as they do in England, and then wonder why they wake up in the night, forgetting that it is quite impossible that a child who sleeps for three hours or more during the heat of the day should again be ready for sleep at 6 in the evening. Secondly, as in most parts of

India a child can only get out after 5 o'clock, it is quite necessary as he gets older that he should stay out till 6.30 or 7. This leaves one hour for his tub, his supper, and a game of play, and by 8 o'clock he ought to be in bed: of course I am not now speaking of quite an infant. As some children will not allow themselves to be covered, it is just as well to let them sleep in flannels, when it does not matter so much if they throw the bedclothes off or not. Every child should sleep in the dark at night if possible. It is not advisable for a healthy child to doze again when he is once awake in the morning, but never awake a child for any reason whatever; let him sleep as long as he can. Even in cases of illness, unless specially directed, do not wake the child up for the sake of giving medicine or food. If a child wake early, let him be washed and dressed and sent out before breakfast, but not on an empty stomach; give him a cup of warm milk and a piece of bread. Never let your child go to sleep hungry or sad.

CHAPTER VII

AIR AND EXERCISE

SLEEPLESSNESS in children is nearly always caused by want of air and exercise, unless, of course, it comes from illness, worms, or teething; but even during teething they need as much air as possible. In India the mother has to cope with many difficulties in getting air and exercise for her children. A child in a warm station in India can be taken round the compound when a week or a fortnight old. Indeed, the real open air is better for a child than the draughts of a bungalow, and help to inure him against them. At three months old a child can go out twice a day. A mother in India ought to study the weather most attentively, as there are the most extraordinary variations through the day. If the child goes out very early in the morning it is well to wrap it up warmly, but a young infant in a cool station should not go out before 6.30 or 7 in the summer, and not before 7 in the winter. In no station in India does a child, as a rule, get out more than three hours a day, and if it is important to keep him out of draughts when in the house, it is still more im-

portant to keep him out of the very hot sun, which is equally strong all over India, even in the coolest stations. Exposure to a very hot sun frequently brings on fever, brain trouble, and occasionally causes death. A child in India should, therefore, never be exposed to the direct rays of the sun, and as soon as he is old enough ought to wear a sun topee. On the other hand, if a shady garden be available, a child might at one or two years of age go out at 4 o'clock and play with his toys on a rug in a really shady corner with a pith hat on long before he could go out for his walk. Such an arrangement will often give a child an extra hour or two of fresh air. Never let a child go on a pony or donkey before he is two years of age. Do not muffle a child's face with a veil. Do not put a child in a perambulator too soon unless lying down. It is very important in India to keep a child from wetting his feet or being out in the rain. No children should be sent out early in the morning during the "monsoon" or rainy season, but ought to leave their sleeping-room early and be allowed to play in another room while the sleeping-room is thoroughly aired. A mother in India should always know where her ayah takes the children, for half the diseases caught by children in India are caused by the vagaries of the ayahs during the hours of exercise. Some sit down and let the children play about,

regardless of whether it is a chilly damp spot or not, and then take the children down to the bazaars, which, as a rule, are the most unhealthy and infected spots in the world ; others, again, let native or other European children, of whom they know nothing, come and play with their little charges. It is well for a mother to arrange daily where the ayahs are to take her children, and, if possible, to drive in that direction, so as to see that her orders are carried out. If she has no one whom she can trust, then the children should play in the compound. Although moderate exercise is good, it is not judicious as children grow older to let them walk too far. Let them play till they are tired in the open air, but do not force long walks upon them. If a child gets hot walking or playing, do not remove his outdoor clothing till he is cooler, and has been some little time in the house, and then do it gradually, taking care that the child is out of draughts.

CHAPTER VIII

TEETHING

As teething is responsible for a large number of the ailments from which a child suffers during the early period of its life, it will be well to devote a chapter specially to the question of dentition. The actual date at which a child begins to teeth is uncertain; the majority of children begin to cut their teeth from four to six months of age. My experience goes to show that teething is, as a rule, much easier, more rapid, and less painful in India than in England. On the other hand, the many little ailments that attend teething need more attention in that country than at home. Where early dentition takes place the teeth are not usually so strong, the reason of this probably being that as a child gets more developed the better its teeth will be. No two children are quite alike, and nothing varies more than the time and manner in which they teeth. A child of two and a half has, as a rule, his complete set of first teeth; he should then have twenty. There are two or three symptoms which accompany teething which are not in themselves, if not too pronounced, dan-

gerous; these chiefly are thirst, diarrhœa, a cough, and often fever, and this last is the most serious. Teeth coming in too rapid succession, or having too many formed in the gum at once, are a frequent cause of trouble; such children need frequent nourishing food, namely, milk constantly, but diluted with water, as it must not be too heavy. The gums form and become hard, taking the shape of teeth some time before the teeth actually appear. Diarrhœa is not unfavorable to teething, and therefore, unless very pronounced, should not be immediately stopped; in India, however, diarrhœa should never be neglected. A cough may be either a dry, hard, hacking cough, which resembles bronchitis, or else it may seem like a cold in the head with running at the nose. Both these symptoms, however, pass off when the tooth is through. Perhaps the most troublesome symptom is fever, but it is generally avoided by keeping the child clean and cool, and by paying attention to the state of the bowels. Not unfrequently during teething a sort of scurf forms on the top of the child's head; never scratch this with a comb, but apply a little vaseline and rub it softly with a flannel. Many of these symptoms are the result of the irritation in the system caused by dentition, and unless very severe require no serious attention. In the case of tooth cough a little pure glycerine in a teaspoon given two or three

times a day gives relief, besides being readily taken by the child. As a rule, when the irritation takes the form of cough diarrhœa is absent, so it is as well in all cases during teething to keep the bowels in order by an aperient, the best of all being a little fluid magnesia given in the bottle, castor oil being only used in cases of great constipation. Some people make it a rule to give castor oil once a month or every two months. Then healthy children require it oftener, and changes of diet are the best aperients. Should a child suffer a great deal from its teeth, it is always right to have the gums lanced, as much suffering and time are frequently saved by this very simple operation. People are apt to err in two ways about lancing; some will not have them lanced, however much a child suffers, till perhaps they see him in convulsions. Others, again, are in too great a hurry to have the gums lanced before the teeth are even sufficiently developed. If a mother thinks that a child's ill-health proceeds from the teeth, she should place the child on its back on her lap or on a bed, and feel the gums with her finger. If the child shrinks from her touch, it generally means that he is suffering very acutely, as in ordinary cases of irritation he is glad to have a finger to press against. She should also look into the child's mouth, so as to ascertain if the gums are very inflamed and swollen; if she can detect the white

lines of the teeth just under the gum it is time to have them lanced. Some mothers keep a lancet, and lance their own children's teeth; in such cases let them harden their hearts and do it thoroughly. It is no good just scratching the gum. In cutting a gum cut parallel to the tooth. Should convulsions come on during teething send for a medical man, and at once sponge the child's head with cold water and put him bodily into a warm bath, the water of which should be about 98° Fahr. If you have no thermometer, what is comfortable for the elbow or the back of the hand will suffice. Having well bathed the child and wiped him dry, place him in warm blankets and keep the head cool. Lastly, administer by means of an enema an ounce of table salt, olive oil, and warm oatmeal ground (one tablespoonful of oil, a teacupful of gruel, and a teaspoonful of salt). If these things are not handy use plain warm soap and water. A child ought not to have too much fruit during teething, and in India there is always a difficulty in obtaining it. Plantains are, perhaps, the most available and very suitable. The more a child dribbles, the less, as a rule, does he suffer from his teeth; a dry crust of bread or a chicken cutlet bone, well cleaned, will help the gums. In the mild form friction of the gums with the finger suffices. A child is apt to be feverishly thirsty during teething.

In India it is not good to give children water constantly, therefore it is well to have a bottle prepared in case of thirst without hunger, with less milk and more water, and to give this nearly cold whenever the child is thirsty.

This is an opportune moment to speak on the subject of water. If possible, a child in India should never drink water; milk should be his constant beverage, varied occasionally with lemonade as he grows older; should he drink water, it must always be first boiled and then filtered. The water in his bottle and, if possible, the water in his bath should be always filtered. Fresh air and exercise, warm baths at night, the head kept very clean, and good wholesome plain food go far towards helping a child to teeth easily. Should he suffer much from sickness, dilute the milk with lime water; if flatulency or wind is a trouble, give a little dill water. No child ought to be tossed about too much or excited during teething. Above all things, it may be a comfort to a mother to know that teething, while often giving rise to anxious symptoms, very rarely has any grave results. The child gets feverish and irritable, and a mother imagines that he is going to be very ill, when the moment the teeth appear these symptoms pass off. The teeth which give the most trouble of all are the two-year-old grinders.

CHAPTER IX

MINOR AILMENTS AND SYMPTOMS OF DISEASE

A YOUNG mother till she has had a family is constantly fretting about small diseases. She imagines them to be something dreadful, whereas in reality they are nothing at all, and can easily be remedied without even calling in a medical man in many cases. In this category may be included chafing, convulsions, croup, coughs and colds, costiveness, biliousness, flatulence, gripings, hiccup, diarrhœa, dysentery, mumps, nettle-rash, tooth-rash, sickness, stuffiness of the nose, thrush, inflammation of the mouth, loss of appetite, worms. We will take these in their turn, with the remedies easily to be obtained at hand.

Chafing or Chapping

Want of cleanliness and of care in drying is generally the cause of this, but in India a child is not likely to suffer from it unless he be in a cold hill station, and his ayah be not careful in drying and powdering him. To cure this condition wash the chafed parts thoroughly with tepid water from a full sponge, letting the water

stream over it; then dry gently but thoroughly, and dust with violet powder or oxide of zinc or fuller's-earth. If the chafing be not very severe, cold cream or vaseline applied night and morning may be sufficient. In severe cases a stronger remedy will be necessary. I recommend beating up two whites of eggs, then add drop by drop two tablespoonfuls of brandy, and pour this when well mixed into a bottle well corked; but before using it bathe and dry the chafed parts thoroughly, and then by means of a camel's-hair brush apply the above liniment.

Convulsions

These may be due to several causes. Among the most frequent are over-physicking or over-feeding, teething and whooping-cough, worms. Convulsions from teething are perhaps the most frequent, and the remedy has already been alluded to in the chapter on dentition. In the case of convulsions due to over-feeding give the child every ten minutes five drops of ipecacuanha wine until vomiting takes place, then put the child into a warm bath, and after that give a teaspoonful of castor oil every four hours till the bowels have been well opened. In convulsions generally, be they from whooping-cough or worms, dash cold water on the child's head and put the child at once into a warm bath of about 90° Fahr. There is no means of

conquering convulsions while they are taking place. The child should be laid flat on its back and allowed to have full play till the convulsion is over, when the above remedies should be resorted to. It should be borne in mind that convulsions indicate a serious state of health, therefore if possible medical advice should be always obtained.

Croup

A good deal of confusion exists as to what is meant by croup. We use the word "croup" because it has become the established name for a large group of symptoms occurring in young children. There are various symptoms of this disease, but in order to simplify the system of treatment we have divided it into two varieties, which differ somewhat in their symptoms and mode of treatment, and also in their gravity. Every mother should understand that in all cases of so-called "croup" the mischief exists as an obstruction to the air-tubes, and involves the larynx or apple of the throat. The first form of croup is that sometimes known as "child-crowing," "false croup," and spasmodic croup. This is essentially a nervous affection, occurs occasionally in very young infants, among males more than females, and particularly among children who have been badly nourished or who live in insanitary surroundings. It generally

begins at night by the child waking up and catching its breath, and apparently on the verge of choking. Its face turns blue, the child struggles, is unable to breathe, breaks out into a hot sweat, makes a crowing sound, this often being followed in extreme cases by convulsions, but more frequently passing off, leaving the child apparently unharmed. In such cases the voice and cough are unaltered, there is no fever, but the symptoms have a great tendency to be repeated. In some cases children die during these attacks, but fortunately rarely. The great point in the event of such an attack coming on is that the mother should keep as calm and collected as possible and act immediately, during the interval that elapses before medical aid can be procured. First, as far as possible pull out the child's tongue and apply mustard plasters to the back and chest. Endeavour to induce vomiting by passing the fingers into the throat or by tickling the back of the throat with a brush or feather, and use smelling salts freely. If immediately procurable plunge the child into a warm bath. Meanwhile probably the doctor will have arrived, and will use his own discretion and correct any faults due to teething or diet.

The second class of cases called "croup" are really inflamed states of the larynx, or that part of the throat where the voice is formed. In

doctors' language, most of these cases are nothing more or less than laryngitis, and are very common in children, frequently the result of low degrees of vitality, particularly that induced by insanitary surroundings, combined with exposure to weather. In addition to these causes, not a few cases of so-called croup and cases of inflamed larynx are caused, particularly amongst the very poor, by children sucking spouts of tea-kettles and pots. This form of croup very frequently follows measles, scarlet fever, and typhoid fever. No case of this kind should be healed without a doctor's advice, but a mother can do much to relieve her child by applying hot flannels, sponges dipped in hot water, mustard plasters, and such like to the throat. The child should be placed in bed, a tent or arbour arranged over it, and the air rendered warm and moist by keeping constantly steam issuing from a kettle provided with a long spout. An emetic is frequently of the greatest value; as such, we would suggest a teaspoonful of ipecacuanha wine, or the passing the fingers down the throat, or even a teaspoonful of alum in some honey given every ten minutes. For children over five years of age, vomiting can be readily induced by giving two teaspoonfuls of mustard in some hot water, or by giving ten grains of sulphate of zinc in water. Free vomiting frequently restrains spasms of the throat. These efforts of

treatment should be supplemented by a hot bath and the giving of a purgative. These are the really scientific aspects and the corresponding treatment of croup; but as the young mother will probably not be able to distinguish between the symptoms, and this work being mainly directed for the use of those who cannot procure medical aid, we will lay down a few simple rules to be immediately put into practice, and which will convey relief to either form of "croup."

From one to two years of age is the time a child is most liable to croup. Damp and wind, especially east wind, which, fortunately, is rare in India, are generally productive of croup. A child subject to croup should be kept at home on cold and damp days. A mother should do well to note the tone of a croupy child's cry and cough, as it frequently begins in the following manner: at first the child appears to have a slight cold accompanied by a dry cough; as the day wears on he becomes hoarse when he cries. This is an almost sure sign that the larynx is affected. An excellent preventive before the actual attack comes on is to place a piece of flannel in a small quantity of boiling vinegar, wring out the flannel and place it on the child's throat as hot as he can bear it. Cover with a dry flannel, and if he is not very indisposed leave it all night without repeating. Should he, however, not appear soothed by it, sponging the

back of the neck with hot vinegar repeatedly is very efficacious. In my experience, few remedies equal this. Croup comes on very suddenly, a child often going to bed well and awaking with it suddenly. When using ipecacuanha be careful that it is pure and fresh. If the case be so severe that even ipecacuanha and other emetics are of no avail, apply linseed poultices freely to the throat or paint with tincture of iodine, but never blister. The child's diet at first should be kept moderately low, consisting, according to its age, of milk and water, arrowroot, corn-flour, &c. The room in which the child is should be well ventilated, and the air kept constantly warm and moist by means of steam.

When the spasm has passed off, the following mixture might be given every two hours :

Solution of Acetate of Ammonia .	20 drops.
Ipecacuanha Wine	3 „
Glycerine	20 „
Water	2 teaspoonfuls.

If the cough be very troublesome, add five drops of tincture of belladonna. It may comfort a mother to know that nine cases out of ten of the spasmodic "croup" are the result of irritation from teething, which passes off when the two-year-old grinders have reached perfection, usually at the age of two and a half or three years. In this case much trouble may be avoided by paying proper attention to diet and bowels, particu-

larly avoiding over-feeding and too many sweet things, eggs, and heavy food.

Children liable to spasmodic croup need fat in their food. A young and croupy child should never be over-tired ; and in extreme cases where there is a suspicion of the child getting into a "croupy habit," some benefit frequently results by giving it three times a day two grains of bromide of ammonium dissolved in a little water.

Colds and Coughs

Very few children manage to get through their early years without one or more attacks of colds and chest troubles ; in all such cases coughing is a constant and prominent symptom. A cough may mean anything ; it may mean a very serious condition or it may mean nothing. Unfortunately, many nurses think coughs and colds are necessities and unavoidable. As a matter of fact this is not so at all—and in India especially. If due care be taken to guard young children against chills, sitting in draughts, playing in damp wet clothing, and occupying badly ventilated stuffy rooms, colds and coughs ought to be very rare in Indian nurseries. A frequent cause of cold to a child in India occurs in the early morning. The child is too often allowed to run about with bare feet, its toilet is delayed, or after bathing the drying towel is not handy, or even the bath itself is placed in a direct

draught. Not unfrequently, again, children get colds from being allowed to walk or run about so as to get quite hot and moist from perspiration, then placed in perambulators or on their ponies without any extra clothing about them. Nurses often neglect these little cases with a plea that they are hardening the child. Now hardening a child in India in this way is madness, because the climate will not allow of any pranks or experiments of the kind.

Every nurse and mother should thoroughly realise that the constant catching of colds by children is often largely a habit, and that it is a great thing to avoid the first cold, as, by so doing, successive ones are frequently escaped.

Fortunately in India, coughs and colds are not so common as at home, and usually when they do occur they are milder in character. For the avoidance of colds and coughs in India I strongly recommend a close adherence to these rules:— 1st. Always let a child wear flannel next the skin. 2nd. Do not let the bath water be too hot. 3rd. After bathing, dress the child quickly and keep out of draughts.

A cough in a child may be one of three kinds: the first is the ordinary cough, the second is the night cough, the third is the stomach or spasmodic cough.

Every one knows what the first kind or ordinary cold is like, with running from the

nose and eyes. Its treatment is usually simple, requiring little more than a couple of days' confinement to the house, a liberal use of warm drinks, the application of a warm bath, and one or more linseed poultices to the chest and back. If medicines be given, try the following :

Take of—

Ipecacuanha Wine	2 drops.
Spirits of Nitrous Ether	5 „
Syrup	15 „
Water	1 teaspoonful.

To be given every two hours.

The so-called night cough of children usually occurs during the time they are teething, and especially during the first three hours of sleep. This cough seems to be purely of a nervous nature, for the children seem perfectly well, and is apparently due to the irritation of cutting teeth. It can be best remedied by adding 3 grains of bromide of potassium to the above-mentioned medicine, and by seeing that the child's bowels are relaxed and digestion good.

The so-called stomach cough is caused by nothing more nor less than indigestion ; in it the cough is loud and hoarse. Such a case requires a purge, consisting either of castor oil or rhubarb followed by careful dieting. Occasionally these cases present relaxed or sore throats ; if so, improvement will follow the use of lozenges or glycerine and tannin.

Unfortunately, children's coughs and colds are not limited to such simple cases as these just mentioned ; but there is a much more serious condition, in which they get inflammation of the lungs, bronchitis, or even pleurisy. Very young children under four months of age are, strangely enough, peculiarly free from these troubles, but after four months up to about two and a half years of age children are extremely liable to the severer forms of cold and chest complaints. It is not to be expected, nor perhaps is it desirable, that mothers should learn or know how to distinguish between bronchitis, pleurisy, and inflammation of the lungs ; these are refinements best left to the doctor or medical adviser. On the other hand, mothers and those who have charge of children should have some knowledge and idea of the signs or symptoms of these grave chest troubles in the young. Briefly put, these may be said to be as follows :—After having suffered perhaps a day or two from an ordinary cold, the child, instead of getting better, has a worse cough than before, the breathing becomes hurried and noisy, while the skin is hot and dry. This is usually accompanied by much thirst and restlessness. Notwithstanding much coughing, little or no expectoration or spit occurs ; this is because children generally swallow the stuff as soon as it reaches the mouth. This, however, does no harm, and is a matter of no great importance.

Observant mothers will notice, too, the child's face to be flushed, the eyes exceptionally bright, and the nostrils dilated and moving with each breath.

Occasionally all these troubles are ushered in with shivering and vomiting, or if improvement fail to take place, the face becomes pallid and sunken, the skin moist, hot, and of a peculiarly livid or leaden tint. The prospect, in such a condition of things, is extremely grave, and it behoves every one in charge of children to guard against such, and to invariably consult a medical man early, so as to avoid the chance of the case becoming so urgent.

As soon as a child's chest is found to be affected it should be placed in bed at once, and, if possible, clothed in flannel. The room needs to be darkened, and its air kept fresh, warm, but yet at a uniform temperature.

The rigging up of a tent over the bed-head, and the use of a bronchitis kettle, which, by constantly emitting steam, helps to keep the atmosphere of the room warm and moist, usually allay irritation in the throat and lessen cough. Inquiry should be early directed to the state of the little one's bowels, and any error corrected. If breathing is very difficult, no harm will follow—but often relief—by dissolving eight grains of ipecacuanha powder in an ounce of ipecacuanha wine, and giving one teaspoonful

every quarter of an hour until vomiting is produced. At the same time large poultices of linseed meal should be applied freely and often to both the front and back of the child's chest. Never apply blisters or mustard plasters without asking the doctor's advice. The giving of stimulating cough mixtures is to be deprecated in the early stages of these severe cases, except under medical advice, while, as a rule, the following may be given as a routine measure :

Take of—

Citrate of Potash	.	.	.	.	3 grains.
Ipecacuanha Wine	.	.	.	.	5 drops.
Spirit of Nitrous Ether	.	.	.	.	10 „
Camphor Water	.	.	.	.	2 teaspoonfuls.

This can be given every four hours or so.

Later on, when the cough is looser and the expectoration free, the following stimulating cough medicine given every few hours is likely to do much good :

Take of—

Carbonate of Ammonia	.	.	.	.	2 grains.
Ipecacuanha Wine	.	.	.	.	5 drops.
Camphor Water	.	.	.	.	2 teaspoonfuls.

If thirst is marked give the child thin barley water flavoured with essence of lemon; this, too, often promotes sweating and relieves a hard cough. The feeding and diet must be very simple and almost entirely fluid—milk and arrowroot according to age, followed later on

by veal and chicken broth and beef tea. As convalescence proceeds, much good often follows rubbing of the chest with some stimulating liniment, such as camphorated oil, or "Oriental balm." At this time, too, the diet may be made more liberal, while a tonic such as the following may be found valuable :

Take of—

Ammoniated Tincture of Quinine	. 1 drachm.
Citrate of Iron and Ammonia . . .	. 2 grains.
Glycerine . . . . .	. 20 drops.
Water . . . . .	. 2 teaspoonfuls.

This to be given three times a day.

As soon as convalescence is established, the child should be given, if possible, a change of air.

Constipation or Costiveness

Although many children are martyrs to costiveness, or constipation, yet few mothers treat it with the seriousness it deserves ; the fact being that few understand its causation, and if they do not appreciate that they can hardly expect to manage it properly.

The following are its chief causes and appropriate management :

1st. In young infants at the breast the cause lies principally in the condition of the milk of the mother. It is necessary for her to take more exercise, eat more vegetables, perhaps take an occasional seidlitz powder or a dose of

Epsom salts, and generally mend her ways. If a child is being fed with a bottle, half a drachm of manna is frequently beneficial if used for short periods.

2nd. Another cause is a want of tone, or weakness of the muscular coats of the bowels. This is particularly common in India when the general health is impaired. Such children are usually pale and backward in teething. They need a little oatmeal added to their food, the employment of friction or rubbing over the belly, and the occasional use of cold water. In extreme cases they often benefit by giving the following mixture :

Take of—

Sulphate of Iron	.	.	.	.	4 grains.
Powdered Aloes	.	.	.	.	60 „
Simple Syrup	.	.	.	.	1 oz. Mix.

Give one teaspoonful till the bowels act.

3rd. Chills frequently produce constipation in a child, owing to their causing sluggish liver and a deficient secretion of bile (bile being nature's purgative). This form of constipation is extremely common amongst the weakly, and is usually accompanied by loss of appetite, languor, and the passing of clay-coloured or pale motions. These cases require warmth and hot fomentations over the belly, light diet, and in extreme cases a little podophyllin which can be best given in the following mixture :

Take of—

Podophyllin	.	.	.	.	.	8 grains.
Alcohol	.	.	.	.	.	1 oz. Dissolve.

Give five to ten drops in syrup twice a day.

4th. In nine cases out of ten the cause of children's constipation is imperfect digestion, the result of improper food; in the case of young children the fault being that either milk has not been given diluted enough, or else that some farinaceous food has been given too soon. Improper food acts as an irritant, giving rise to too much bowel secretion. In such cases the constipation is often associated with short attacks of very offensive diarrhoea. The child should be given an occasional Gregory's powder, or, if old enough, some oatmeal or brown bread, some treacle or baked apple, or the juice of stewed prunes, or a teaspoonful of senna tea, which is made by taking one ounce of senna leaves, half a drachm each of bruised ginger and bruised cloves, placing these in half a pint of boiling water, and then allowing it to stand half an hour. Half a teaspoonful of liquorice powder and a teaspoonful of malt extract are excellent laxatives for children.

It is not well to begin aperients till a child be three or four months old. In any case always try simple remedies first; such drugs as calomel and grey powder are strictly to be avoided. Small enemas are sold for infants, and these

applied with warm water or a little warm soap and water are always effectual. No mother should be without one, and what is more, no child should be allowed to go more than two days without bowel action. The best way for giving an enema to a child is to lay the little one across the knee without letting him see the instrument to be used. He is then perfectly without dread of what is going to happen. A small piece of tallow candle, or better still, a small bit of yellow soap inserted into the fundament often has the desired effect. Very often it is sufficient to rub the child's stomach gently with the hand, firmly and regularly, but not too hard, for about half an hour. This rubbing of the abdomen should be done slowly and in a definite direction, beginning at the right groin, thence up to the ribs, across the stomach, above the navel to the left side, and then downwards to the left groin. In cases where a child has difficulty in passing water, it is a good thing to place a little hot water in the chamber, the hot steam generally bringing about the desired effect. Some nurses blow in the face of the child, or fan him. A child, however young, should always be held out at certain times through the day. In India a plantain mashed up in milk with a little sugar, given before or at breakfast, or the juice of an orange, will generally rectify any difficulty of the bowels. Should

an aperient be necessary it is well to give castor oil or fluid magnesia. Should these in time lose their effect, sweet essence of senna or rhubarb is the next best thing, but as a rule a child does very well on castor oil or fluid magnesia. The magnesia should be poured into the milk and given two or three days after the castor oil, as the oil generally binds after two or three days. Gingerbread is another good purgative as a child gets older, dried figs, or coffee and milk very weak with sugar.

Biliousness and Congestion of the Liver

There is some difficulty in discussing these subjects, as one cannot be sure whether the symptoms are due to the liver or stomach, or even both. In most instances biliousness and congestion of the liver arise from faulty habits—such as over or improper feeding, insufficient exercise, and constipation. In India, children frequently suffer from attacks of liver derangement. In stations where ague is prevalent, and in cases where one has recently removed from the plains to the hills, congestion of the liver is particularly frequent. In the former, it is very probable that malarial poisoning and its influence on the body is the immediate and direct cause; while in the hills, chill is the offending agent. In the latter class of cases the trouble is often directly traceable to care-

lessness and imprudence. Children arrive in a cold and often moist climate suddenly from a hot and dry one, and withal no care exercised in clothing them suitably. Often their bedding is not warm enough, and, too, their nurses and ayahs allow them to run about and become heated, then chilled in the damp, cold mists of the evening.

The symptoms of liver congestion and biliousness are practically the same in the child as in the adult—tenderness over the right side, with uncomfortable sensations, especially after taking food. Slight jaundice is generally seen, with a sallow complexion and sense of sickness. The mind is usually depressed, as shown by languor and low spirits.

The treatment of these conditions is obviously to remove the cause whenever possible. The child should be as a rule kept in bed on cold milk and barley water, or broth. The stomach can, with benefit, be emptied, by giving an emetic of 60 drops of ipecacuanha wine, repeated every quarter of an hour till sickness takes place. The bowels require unloading by 2 grains of calomel, or even 10 grains of compound jalap powder if the child be over six years of age. In India a warm bath should be always given, and the thirst lessened by sucking ice or frozen milk. If the tenderness over the liver is very marked, nothing equals the

application of a large poultice or mustard plaster over the part. Rubbing the abdomen, too, is of the greatest benefit.

Every mother should remember that irritant purgation should not be employed in these cases to keep the bowels open. This object is usually best effected by using magnesia or rhubarb, and favouring the action of the skin by open-air exercise, warm baths, and free drinking of pure, wholesome water. The diet must be arranged according to the powers of digestion; the whole body needs tonic treatment, while the digestion is best promoted by giving one or other of the following medicines :

(1) Take of—

Bisulphate of Potash	.	.	.	30 grains.
Infusion of Rhubarb	.	.	.	$\frac{1}{2}$ oz.
Compound Tincture of Cinnamon	.	.	.	$\frac{1}{2}$ „
Syrup of Senna	.	.	.	$\frac{1}{2}$ „ Mix.

Give a teaspoonful every four hours.

(2) Take of—

Dilute Nitro-hydrochloric Acid	.	.	.	20 drops.
Sugar and Water	.	.	.	2 oz.

Give one teaspoonful three times a day, just after meals.

If the stools be very light-coloured, 2 grains of grey powder every other night for these doses may be given. In hill stations children should always wear flannel drawers.

A mother should observe at what hour her

child seems to enjoy a heavy meal best. Some children enjoy a midday meal, but usually, owing to the heat of India and the midday sleep, which is almost as good as food, a child is often more ready to eat a heavy meal at three or four o'clock. This should be attended to.

Flatulence

Flatulence, although quite without danger, often causes the child much pain. In India there is some reason to believe that flatulency is often caused in infancy by the child being bound too tight by the ayahs, and often by children being allowed to suck the tubes of empty feeding-bottles. Some children, however, without these causes are martyrs to flatulence, often turning blue round the mouth. That peculiar twitching of the eyes and mouth in a small infant which is often taken for a smile is generally caused by flatulence.

A child who is breast-fed is, as a rule, less subject to flatulence than one brought up on artificial food. With some children flatulency is so slight that it will suffice to lay the child on its stomach or to rub its belly and back so as to expel the wind.

A warm bath is very efficacious, and in extreme cases a mild aperient often absolutely necessary. As a routine measure, give half a teaspoonful of dill water or even a teaspoonful of sal volatile

in two ounces of water. A few drops of this frequently disperses wind when other remedies fail.

Gripings

If your child screams violently without any apparent reason, draws up its legs, or will not eat, or grows angry and miserable at the suggestion of food, it is a sure sign that he has stomach-ache. He will also strain. His motions will be slimy and probably greenish in colour, and if much fluid is passed by the bowel, medical advice is very necessary. If the child is being nursed by the mother, gripings frequently arise from her having taken vinegar or some other unsuitable food which has affected the child. In the majority of cases, griping arises from improper food or over-feeding; too many sweets, too much green vegetable, or unripe or uncooked fruit. In hand-fed children it is not uncommonly due to the milk being sour in the bottle without its being noticed by the ayah; and here let me say, that if a mother wishes to keep her children well in India, she should never keep a bottle from one feeding-time to another, but have the bottle emptied at once and left to soak in filtered water along with its tube, nipple, and stopper. A tiny speck of turned milk left in a bottle is enough to upset a child, and in India it often turns before one is aware of it. If

gripping arises from over-feeding, the best remedy is a dose of castor oil and a piece of new warm flannel placed over the bowels. If the gripping be due to the state of the mother's milk, do not purge the child, but place it in a warm bath, which, indeed, in nine cases out of ten affords the greatest relief. Another remedy for very violent gripping is to soak a piece of flannel in hot water, wring it almost dry, and apply as hot as the child can bear it, after which wrap in a warm blanket. At the end of half an hour the child will probably fall asleep and wake up all right. Never give opiates or astringents for simple gripping when unaccompanied by diarrhœa.

Hiccup

Hiccup, or hiccough, as it is generally written, is, as a rule, a very trifling inconvenience—a teaspoonful of filtered water generally removing it in very young infants. In most cases it arises from over- or too rapid feeding, the latter being generally due to the child being kept too long between meals,—the result being that he is so ravenous that he gulps down his food. Every child ought to have his head a little raised when feeding. In severe cases, where a child goes on hiccoughing for hours, a pinch of calcined magnesia with a little syrup and aniseed water will generally stop it. A grain of

sugar placed on the tongue frequently is of use. Should hiccoughing go beyond this, medical assistance should be obtained.

Infantile Diarrhœa

This is one of the greatest plagues of children, and in India is of very frequent occurrence, and if neglected apt to assume a fatal form. In England, even, more children are said to die from this complaint than any other form of children's disease. A child in health should have from three to six motions in the twenty-four hours until he is six months old. After that two or three in the twenty-four hours only ; any greater number than these shows a tendency to diarrhœa ; but if the child at the same time does not refuse food, or seem otherwise ill, it would be better not to check it. Very often it is only Nature relieving herself, and at the teething stage it is often a favorable symptom ; but, consequently, a slight looseness of the bowels is caused, not by the cutting, but by the irritation of the forming of the teeth. But if the motions be from ten to twelve or more in a day, being passed immediately after food, and if the motions become slimy, curdled, and watery or greenish in hue, it is pretty certain that there is something wrong, although the child may not appear to be poorly, as children are frequently quite cheery while suffering from diarrhœa. There

are two or three varieties of diarrhœa: the first, the acute or simple diarrhœa of infants, generally caused by improper food or teething, in which the stools are thin, watery, and frequent, and unaccompanied by any fever. The treatment of this form is, first, a dose of castor oil, which very often checks it at once, but is only efficacious at a preliminary stage. I have found half a teaspoonful of sal volatile with four drops of brandy every three hours the most beneficial remedy. This should be given in milk; but should this not succeed, give the following:

Aromatic Powder of Chalk and Opium	10 grains.
Oil of Dill	5 drops.
Simple Syrup	3 drachms.
Water	9 „

Half a teaspoonful to an infant up to six months, and one to a child above that age every four hours. Diarrhœa is generally caused by the milk having been given too strong, which has caused indigestion, for which the diarrhœa is a vent, or the milk has been given with too much water. In India, if the child is being fed upon cow's milk, bowel looseness is often caused by some food which the cow has eaten; and as, in India, you can rarely trust a native to tell the truth, this is one of the reasons why I recommend the tinned Swiss milk. Goat's milk should be steadily avoided in India, because, although you may be able to keep the goats in the compound, they are such

dirty and irregular feeders that it is better not to count upon them. During diarrhœa do not give the food in the bottle too hot, and be more careful than ever as to the use of filtered water and clean bottles. If the child have begun a farinaceous food, such as Neave's or Savory and Moore's, stop it and give the child only milk, giving it oftener so as to make up the proportion; also do not sweeten the milk, especially not with brown sugar. The application of warmth is an important remedy for the diarrhœa of children; to secure this a piece of flannel should always be worn round the child's stomach, coupled with the frequent use of a hot bath, provided the child is not too exhausted. If taken in time a little peptonized food given at intervals of two hours will frequently check diarrhœa. Another remedy is a teaspoonful of lime water given about twenty minutes before food.

Should the little patient become rapidly exhausted, it must be kept wrapped up in warm flannels and left quiet. Two drops of brandy every three or four hours would help to check the diarrhœa, as well as keep up the child's strength. Two drops of compound tincture of camphor with three drops of brandy in half a teaspoonful of artificially digested meat juice is a valuable renovating stimulant in the exhaustion of diarrhœa. In many cases in India the evacua-

tion from the bowels would be pale, colourless, and offensive; in such cases a doctor should be invariably consulted.

A frequent complication in weakly children suffering from persistent diarrhœa with straining is prolapse of the bowel. Should such occur, the mother or nurse should at once endeavour to replace the part by exercising gentle upward pressure. This will be most conveniently performed by pressing the part back by means of a towel or napkin soaked in cold water. In no case should delay occur in endeavouring to replace the protruded bowel, an essential feature of successful manipulation being the application of cold water, either on a sponge or napkin. The second form of diarrhœa commonly seen in young children is that due to irritation; in such cases the food is quickly passed, often apparently unchanged and in curdy masses. The child is frequently sick, and has violent gripings; in most instances this is caused either by exposure to cold or improper food. For treatment, the first thing to do is to give a dose of castor oil or grey powder, combined with easily digested and simple food. In the form of medicine the following might be given :

Paregoric	2 drachms.
Bicarbonate of Soda	1½ „
Dill Water	2 oz.

One teaspoonful of this three times a day, or

in the case of very debilitated children give the following—

Tincture of Iron	.	.	.	.	2½ drops.
Glycerine	.	.	.	.	20 „

in a teaspoonful of water every four hours.

The third form is inflammatory diarrhœa or dysentery. Real dysentery is very rare in early childhood, but in India, unfortunately, children do occasionally get it, and it generally attacks delicate children rather than strong. The great object of a mother should be to establish safeguards against it rather than to study cure. This cannot always be done, but two of the greatest preventions are wholesome food and avoidance of cold, the child always to have a flannel belly-band. A doctor, when at hand, ought always to be consulted.

The symptoms of dysentery are fever, much bowel looseness with straining, the passing of slimy motions frequently containing mucus and, later on, blood; the child is dreadfully griped and strains violently, gets rapidly pale, and worn, and thirsty. Dysentery is often, but not always, accompanied by sickness. It takes but a very few days of dysentery to make even a robust child exhausted and emaciated. Should the mother be nursing the child, she should continue doing so, but if it is being hand-reared she should change the milk from cow's to Swiss, or *vice versâ*. The diet of a child with dysentery

should be of milk exclusively ; a piece of new flannel should immediately be placed over the bowels. A favourite German remedy is white of egg in water, while a white of egg beaten up in some milk is nourishing as well as binding. Should the attack not be severe, the child may be given a little ground or boiled rice, but must on no account have fruit, vegetables, or solid meat. The stomach may be rubbed three times a day with soap liniment, and kept well covered up with flannel. If pain is bad, a linseed-meal poultice may be applied over the stomach. A warm bath is always soothing and often does good. Keep the child always warm, and induce sleep as much as possible. Flannels soaked in hot water and then wrung out frequently give great relief, and are inducive to sleep.

There are many prescriptions for use in dysentery, but I recommend first of all in the early stage a mother to administer a dose of castor oil in just the same way as she would for simple diarrhœa. This, however, should never be given after the first stage, as it is apt to irritate the bowels. Castor oil is best given in the form of an emulsion made by taking three drachms each of gum of acacia and loaf sugar. To these add two drops of peppermint oil and six drachms of water, rub these thoroughly well up in a mortar, add gradually an ounce of castor oil, and just enough water to make the whole measure four

ounces. The whole should now make an emulsion, of which one half to one teaspoonful may be given every four to six hours.

As a rule, ipecacuanha is badly borne by children, but at times the following is efficacious :

Take of—

Compound Powder of Ipecacuanha	. 5 grains.
Ipecacuanha Wine . . . .	. 1 drachm.
Simple Syrup . . . . .	. 3 drachms.
Cinnamon Water . . . . .	. 9 „ Mix.

A teaspoonful to be given every three hours.

Again :

Mucilage of Gum Acacia . . .	. 3 drachms.
Simple Syrup . . . . .	. 3 „
Laudanum . . . . .	. 10 drops.
Castor Oil. . . . .	. 10 drachms.
Cinnamon Water . . . . .	. 4 „

A teaspoonful to be taken every four hours.

Again :

Laudanum . . . . .	. 2 drops.
Whisky . . . . .	. 5 „
Castor Oil. . . . .	. $\frac{1}{2}$ teaspoonful.
Warm Water to fill up two teaspoonfuls.	

To be given every three hours, and the child is to be kept warm with fomentations or poultices. I consider, however, the following prescription to be the most efficacious and reliable, and the one I would always advise mothers to use :

(1) Subnitrate of Bismuth . . 1 grain	} 3 times a day.
Pulv. Ipecacuanhæ . . . 1 „	

(2) Syringing out the lower bowel with a tablespoonful of lime water 3 times in twenty-four hours.

Prompt attention must be given to keeping the body warm and immediately stopping all solid food. This is most important, as if a child has once had dysentery in India it is very important to be careful to prevent recurrence if possible.

Mumps

Although this is a relatively rare complaint in India, and still more rarely met with in children under four years of age, yet some remarks on its nature and management may not be out of place in this book. Mumps is the name given to a specific inflammation of the *parotid* gland situated in the cheek just in front of the ear. In most cases the first intimation of the onset of the ailment is given by the presence of more or less swelling at the side of the face, accompanied by stiffness of the jaw, difficulty in swallowing, and general uneasiness. Pain is not a prominent symptom, and unless the swollen part be handled and pressed is often altogether absent. Many children with mumps are free from all constitutional disturbance, and are with difficulty restrained from running about as usual. On the other hand, some children have much fever, and are obviously ill and out of sorts. The essential point to remember in regard to mumps is that it is an infectious disease, the infection appa-

rently being given off by the breath and in the saliva from the mouth.

Infection in mumps usually lasts from fourteen to twenty-one days. A child affected with mumps should be confined to the house, and placed upon light liquid nourishing food. The swollen face should be wrapped up in a light flannel, and the swollen part freely fomented with hot water. Beyond an initial purge no medicine is usually wanted. In the convalescing stage—particularly if the child be at all debilitated and wanting in blood—half or one drachm doses of the syrup of iodide of iron given in water twice or three times a day are likely to hasten recovery. There is a peculiarity in connection with this disease, for which every mother should be prepared: it is the tendency of the inflammation which is present in the salivary glands to attack other glands of the body. In male children this is shown by an occasional swelling and inflammation of the testes, and in females of the breasts. Neither complication need be regarded with alarm—their chief influence is in the way of retarding recovery. In the event of these complications arising the attention and advice of a doctor should be invariably obtained, but pending his arrival the swellings should be freely fomented.

Nettle-rash

Nettle-rash is caused by exposure either to too great heat or to too great cold, errors of diet, and teething. The symptoms of nettle-rash are these : The body is marked with patches of a white or red colour, irregular in shape and somewhat raised. The patches are hot, they burn and tingle, and are very irritable. There is generally slight and sometimes excessive fever, and occasionally vomiting accompanying it ; the child's head is hot and heavy. If the pain be severe an emetic of ipecacuanha is good, followed by doses of magnesia. In India, nettle-rash sometimes becomes chronic, and it is the habit then to paint the affected parts with a weak solution of sulphate of copper, or, as it is commonly called, "bluestone" lotion. Apply it with a camel-hair brush after washing or twice a day. It is as well to use no soap for the child while this rash exists unless you are perfectly sure of the quality. It would be better only to sponge over with warm water, and then to powder with fuller's-earth. A silk night-shirt or silk handkerchief placed over the parts prevents the friction of the linen or flannel night-clothes. The room should be kept cool and the food light and cooling. Nettle-rash is not in the least dangerous, but very irritating to a child. It often comes in India from over-clothing, from too coarse flannel, or from letting the child lie too

much on its back. Magnesia in its milk is the best cure, and constantly powdering with fuller's-earth the most cooling thing. It can do no harm to bathe the affected parts with Rowland's kalydor. In nine cases out of ten nettle-rash is due to stomach trouble, and corrected by a free purge.

Tooth-rash

Tooth-rash and red-gum are much the same things, and sometimes arise not only from teething, but from the first forming of the teeth in the gums. Give magnesia and powder with fuller's-earth.

Sickness and Vomiting

Some children are constantly sick. If the child thrives notwithstanding, it is only a sign that the milk is too rich ; if he be taking artificial food, that his stomach is overloaded. If the mother be nursing the child herself it is probable that she is herself out of health, bilious or otherwise upset, and she had best attend carefully to her food, take some slight aperient, and if this does not do consult a doctor. If the child is being fed on artificial food, it is probable that the milk is too rich or given too strong. Give him a tablespoonful of lime water in each of his bottles, and till he is all right do not let him touch milk without it. A tiny dose

of oil might also be efficacious, but should both these fail give the following powder:

Powdered Turkey Rhubarb	.	.	2 or 3 grains.
Carbonate of Magnesia	.	.	3 grains.
Aromatic Powder	.	.	1 grain.

To be mixed in a teaspoonful of sugar and water and taken at bedtime. Try changing his food.

Stuffiness of the Nose

Children often suffer from stuffiness of the nose, both as tiny infants and till two years and a half old. It often accompanies teething. The only thing is to rub tallow or vaseline or camphorated oil on the bridge of his nose every night to facilitate breathing, and when in his bath, or two or three times a day, hold a hot sponge over his nose for two or three minutes. This at once brings down the mucus or any hard substance that may be secreted. Another plan is to insert a little melted vaseline into the nose by means of a piece of flannel.

Thrush (White Mouth) and Inflammation of the Mouth

This is a frequent trouble in young infants, particularly when hand-fed. The signs of thrush or white mouth are the presence of numerous irregular round white specks on the tongue, lips, corners of mouth, and inside the cheeks ;

these spots look at times not unlike curds of milk. The mouth is often hot and painful, and the child betrays some difficulty and discomfort when suckling or feeding. These little spots are really patches or colonies of the growth of a minute living vegetable organism or fungus. This fungus is called by doctors the *Oidium albicans*, and grows very freely in milk which has undergone acid decomposition. Its prevention and cure depend upon a thorough realisation of the fact that it is a fungus which grows in milk, and in the cracks and crevices of bottles and other utensils which have contained milk. In other words, its appearance means that absolute cleanliness in regard to the feeding vessels has not been maintained. Thrush is most prevalent during warm weather, because warmth favours acid changes in milk and the growth of this little fungus. The treatment of thrush is to carefully wash and wipe out the child's mouth after each meal with warm water, into which either a pinch of bicarbonate of soda or borax has been dissolved, or with weak Condly water. In addition to this the mouth should be carefully swabbed out by means of a camel-hair brush or piece of linen soaked in borax and glycerine. This should be of the strength of sixty grains of borax in an ounce of glycerine.

The feeding-bottles, with teats, &c., should be thoroughly well washed with water made

alkaline by dissolving in a pint of water as much bicarbonate of soda as will conveniently lie on a rupee. The bottles and teats should, when not in use, be always left lying in similarly prepared water.

An exaggerated and more severe form of thrush is what is commonly known as inflammation of the mouth, in which the small white patches of thrush have passed on to the stage of ulceration. These ulcers may be on the lips, tongue, gums, or cheeks. The occurrence of this extreme state indicates a very serious condition of the child's health, and, apart from being a bad form or consequence of neglected thrush, is very often one of the troubles left behind by measles or scarlet fever. The symptoms of ulceration of the mouth generally show themselves at first by the child being unable to suck as usual, and the glands of the throat becoming swollen and tender; restlessness and feverishness arise, with loss of appetite, pain in swallowing, often diarrhœa, with definite ulcers on the gums, lips, and tongue. Severe ulceration of the gums and mouth usually only occurs in weakly children, and is often the result of malnutrition and exposure to damp. The mouth is heated, and the upper lip swollen and tender; the gums swollen, and often almost purple in colour. The inside of the cheeks and the tongue become swollen. Sometimes there is high fever

and considerable diarrhoea, and the child finds difficulty in eating, sometimes becoming so weak and emaciated that death ensues; but it will be a comfort to the young mother to know that where a child is properly fed, and cleanly kept, and has ordinarily good health to go on, these diseases of the mouth are very rare. The following is the treatment. Change the milk and administer an aperient, wash out the mouth constantly with barley water, or honey, or glycerine and borax. The mouth must be thoroughly, not partially, washed out; also use the following gargle, which, if the child be too young to gargle, use with a soft rag, if necessary, wrapped round a piece of stick:

Chlorate of Potash	10 grains.
Tepid Water	$\frac{1}{2}$ tumblerful.

To be used three or four times a day.

Chlorate of potash can be used internally. Here is another prescription:

Chlorate of Potash	2 grains.
Syrup	5 drops.
Water	1 teaspoonful.

Every four hours for a child of a year old.

On looking into the mouth, if the back of the throat be covered by a whitish or yellowish adhesive pellicle, it will be well to place quicklime in a vessel under the child's bed. This makes a warm alkaline atmosphere that has an action on the membrane; a blanket tent made

around the cot will confine the vapour. If the child be old enough, it will be well to spray the throat frequently with lime water. A little carbonic acid and water may be evaporated in the sick room over a charcoal fire. All communication with such a child must be cut off, except the attendant and physician. After the disease has improved, steel wine, cod-liver oil, Parish's food, coupled with broths and a highly nourishing diet, must be given; but these remedies and the whole treatment of ulceration of the mouth should be placed under the advice of a doctor. Some forms of mouth inflammation are very serious, rapidly fatal, and accompanied by gangrene; fortunately, these are rare.

Loss of Appetite

There is no greater test of a child's state of health than his appetite. If he eat well there is little or nothing the matter with him; if he eat badly anything may be wrong with him. If he be teething, first ascertain that his gums do not want lancing; if they do not, then first try fluid magnesia in his bottle. Do not urge him to eat, but give him more air; some very small children have a wonderful need of fresh air. Give him the bottle at longer intervals. In India, loss of appetite often means the approach or presence of fever. It is a providential provision of nature that children do not eat

during fever. Worms often cause want of appetite, the child appearing very ravenous at first and asking for food, and then turning from it. Judicious aperients are the most inducing to return of appetite, combined with air and exercise.

Child-crowing

Child-crowing is of the nature of croup, and is often mistaken for it. It is not so perilous, and more frequent than croup. Luckily, it is uncommon in India and in other warm climates. This symptom only occurs most frequently during dentition, and is often brought on by over-feeding and ill-feeding. As soon as the first paroxysm occurs the child ought to have prompt and careful attention. The child will begin making a noise much like crowing. The face turns livid, and, for a few seconds, the child has a hard struggle to regain breath. Of course, if possible, obtain medical advice at once; but if this is not possible, dash cold water upon his face and head, and put his feet to the knee in hot mustard and water, or, if necessary, place him entirely in a hot bath, still keeping cold water on his head. During the paroxysm pull his tongue forward; this sometimes opens the windpipe and admits air. Many children have been saved by pulling forward the tongue and employing artificial respiration. Dry air,

and plenty of it, is most necessary to a child addicted to child-crowing ; hence one advantage of the Indian climate, which is dry in most parts, and where the doors and windows of bungalows are kept perpetually open. Change of air, being out as much as possible, and attention to diet are most important rules to be attended to. If the crowing proceed from dentition, let the gums be lanced if swollen and tender. The malady often occurs in a rickety subject.

Worms

If the child be very much troubled with worms, he will lose flesh and constantly wake in the night screaming ; but if he have only one or two, and they do not trouble him much, emaciation and loss of appetite will not ensue. If a child be constantly picking his lips and nose, if he have dark rings under the eyes and is irritable and whining, sometimes eating enormously and sometimes refusing all food, more especially if he lose flesh, you can be sure that he has worms, and the doctor should be sent for. An enema of salt and warm water will often bring away threadworms, so will magnesia administered every morning. Glycerine with water acts equally well, and often a very efficacious as well as a very simple remedy is a teaspoonful or half a teaspoonful of plain salad oil with a few drops of lemon or, in India,

lime juice to make it palatable. Soap and water always make an excellent enema. Grimauld's bonbons are excellent, and the most harmless of patent medicines. Should the child be troubled with tapeworm it is almost imperative that he be treated by a doctor, as it is most weakening to the constitution and causes great emaciation.

The diet of a child troubled with worms should be most carefully attended to, all fruit and sweet things eschewed, plenty of salt in his food, and lime water mixed with everything he drinks. It is a great point in India to get cooks to put salt in all food, as their own love of sweet things causes them frequently to neglect this. Worms, if speedily attended to, are, as a rule, easily coped with.

Worms are frequently found as intestinal parasites in children. They are invariably the development of "ova" which are commonly introduced through the medium of impure water, adulterated milk, insufficiently cooked food, or some such accidental means. Any deranged state of the digestive canal favours their lodgment and growth, and impropriety in food encourages the event. There are three ordinary kinds, viz. the tapeworm, the round-worm, and the thread-worm.

The tapeworm is usually due to eating insufficiently cooked meat, and is seldom recognised

until portions of it are passed at stool. The pale flattened and jointed pieces are at once recognisable. It is difficult to dislodge, and medical aid had better be obtained as soon as possible.

The round-worm is supposed to gain entrance with impure water. Many symptoms are attributed to its presence, such as irregularity of appetite, colic, abdominal pains, wasting, disturbed sleep, grinding of the teeth, foul breath, feverish attacks, vomiting, and even convulsions. Itching about the nose is often present, and makes a child pick at it constantly. In most cases the first indication is the voiding of a worm at stool, or it may be thrown up, or even wriggle into the mouth of its own accord. It will be seen to resemble an earthworm in shape. To get rid of these a dose of senna may be given at night, and from half a grain to one grain of powdered santolin with a little sugar in the morning. A little castor oil may be given on the following evening, and a second dose of santolin the morning after it. This will usually be sufficient.

The threadworm is very small, thin, and pale. It causes much irritation and itching about the seat. It appears in the motions from the bowels, and it is best treated by injecting a little strong tea, or some infusion of quassia, or a few drops of tincture of perchloride of iron in

an ounce of water. To prevent its recurrence some milk and lime water should be given every morning, and a mixture containing a little citrate of quinine and iron twice a day for some time afterwards.

All children subject to such parasites should live on a plain wholesome diet, well cooked, sufficiently seasoned with salt. Sweets should be sparingly used, and their water-supply attended to; less meat given. Grimauld and Keating's bonbons are the easiest remedies for children in the ordinary case of worms.

Night Terrors

This is a class of symptoms which frequently give rise to much anxiety on the part of mothers. Children are apt to wake up in the night screaming and crying with fear and terror in such a way that nothing will pacify them.

In nine cases out of ten this event is caused by some irritation—usually stomach—and is closely allied to sleep-walking in adults. When children suffer from this trouble, the mother should carefully inquire into the diet, correct any errors of feeding, and find out whether the child suffers from constipation or worms. If such is the case, these defects must be remedied by the methods already explained. Apart from the presence of some exciting cause, such as indigestion or worms, night terrors are usually

the result of a very excitable temperament in a child. The mother or nurse should make every effort to soothe the child and give it moral confidence by kindly words and caresses. If very frequent and severe, medical advice is advisable; on no account should narcotics or other sleeping medicines be given unless absolutely ordered by the doctor. If sleep is unattainable by ordinary means try giving the child a warm bath.

CHAPTER X

THE NURSERY AND THE AYAH

BEFORE proceeding with another chapter on the more serious diseases of childhood it would be as well here to dwell on two subjects, the nursery and the ayah, which, if carefully selected and looked after, will prove most effectual sources of health, and often preventives of the many little incidental ailments which may arise from neglect. In England the choice of a nursery, especially in large and crowded homes, is a very difficult matter indeed, and the best advice we can give is that the parents should sacrifice the largest and airiest room in the house; but in India, where the rooms of bungalows are generally airy, there are other things to be thought of. First of all we would advise parents in India, both for their own sakes and the children's, never to choose a bungalow that is not raised a few steps from the ground, and if one side of the house be higher than another to give the highest side to the children. Another difficulty is to have air without a draught, and without the night air blowing on the bed. This is always a difficulty, and we would strongly

protest against beds being placed, as they so often are, in the middle of the room. The best plan is to have a screen to shelter the side of the bed that is most exposed to draught. This enables one to leave the windows open. Closed windows in India are most injurious, as there are no fireplaces to allow a current of air, nor, as a rule, any ventilation. In countries where a punkah at night is absolutely necessary it ought not to be too violently pulled. Do not let your children's beds be placed against the outer wall of the bungalow, nor on the side of the house where you have many plants, as their exhalations through the open windows on the night air are inducive to fever. Do not either let the bed be facing the light, as the early sun in India has so strong a glare as often to bring on ophthalmia. Then let me particularly warn you about the bath-rooms, which, as every Anglo-Indian mother knows, have enormous drawbacks on account of there being no closets or drainage. Let me warn you about two things. Never let anything impure be left in the bath-room during the night, nor let it be (as is a disgusting custom of sweepers when not properly looked after) that they leave it somewhere near the door, where the night breeze can blow its unhealthy exhalation into your windows; and always see that the basin which receives the bath water, &c., outside your bath-room be emptied every day, and

once a week be washed out with Condyl's fluid or carbolic acid, the latter being the most efficacious in India; or best of all, what is used in India largely, phenyl, or some other disinfectant, should be used to wash out the bath-rooms at least once or twice a week; and a careful mother will have the matting up once a month, and the nurseries cleaned out with carbolic and water or Condyl's fluid. Flowers should never be left in the nurseries at night, nor, indeed, any standing water at all. It is best in India to have no curtains to the windows nor draperies of any kind. The cots, too, should not be lined or draped as they are at home. As soon as the child goes out in the morning the nursery windows ought to be thrown wide open as well as the doors, and if possible do not let a child spend the day in the same room in which it has to sleep. This is, however, not such an important detail in India as in England, as the windows are generally open day and night in the bungalows. But never let your child sleep with Indian night air blowing on its bed. During the monsoons, however lightly clad, the child must wear flannel next the skin, and, if possible, night-dresses; and at night while raining it is better to keep the outer shutter closed to prevent unhealthy exhalations from the ground. It is better to have no papers to the walls and no carpets, but the walls of a child's nursery,

even in India, can be made very pretty and bright with pictures from the illustrated papers, and if finance is a consideration it will be a comfort to the Anglo-Indian mother to know that natives give very good prices for these pictures at auctions. Above all we would warn the Anglo-Indian mother to fight as much as possible against the indolence which is so prevalent in India. Everything conspires to bring it about—climate, heat, enervation, want of health; but it is most injurious to mother and children.

A mother cannot expect to have her children well and strong in India unless she is perpetually superintending the nursery and the nursery arrangements herself. Natives may be very devoted, and in some cases honest, but they are hardly ever to be trusted, and it is better for the children that they never should be left to the mercy of natives. I think it is greatly to be deplored that in India nurseries are not kept with the same cleanly method and rule as in England. It is in infancy that cleanly, tidy habits are taught, that fresh, cheerful impressions are taken, and I can see no reason why the Anglo-Indian nursery should be different from an English one. Now that the picture-papers and coloured magazines are so easy to get, only three weeks later than in England, there is no reason why the Indian nursery should not be decorated as prettily as any English one. Nor

is there any necessity to spend on frames, for the old-fashioned way of binding the pictures with red stuff or ribbon is much brighter and prettier. Again, when picture-books are torn or worn out, we would suggest the edges being neatly cut and trimmed and the pictures pasted on to red or blue or pink twill in pages, and the whole thing bound at the back with holland or braid. These make capital picture-books, and every scrap or Christmas card can be pasted in. Where toys are scarce it is a good thing to hide away a few at a time, and bring them out after two or three months. Small children soon forget possessions if they do not see them. There is no greater treasure in India than a good English nurse, provided she be good-tempered and cheerful, and ready to put up with anything, and to be a real help to the mother. A great load of anxiety and responsibility is thus taken off the mother's shoulders. But where she cannot get a good East Indian or English nurse, a lady would do well to have certain rules for her ayah which are never to be deviated from, and of which the non-observance would result in fines, and finally in being sent away. First of all, as soon as the child wakes it should be held out, and if it has perspired freely it should not be dressed in a draught, nor have its bath till it be well rubbed over with a dry towel. Its bath in the morning should only consist in a

rapid sponging with lukewarm water, so as to enable it to get out as early as possible. It would be a great saving of trouble to all parties concerned, and add materially to the child's comfort, if the mother would overlook the previous evening all the clothes the child has to put on the following day. I have often seen small children wearied out by the constant taking off and putting on of clothes without ribbons and strings, socks not darned, &c. Should all the clothes be ready the child is able to get out while the air is fresh and cool. Of course, if he be still small he will have had a bottle on waking, but if he be old enough to partake of "Chota Hazri," as the first early meal in India is called, he should not go out on an empty stomach. The minute his bath is over, or before (if it consists merely of sponging over), he should have milk and bread or biscuits, or weak tea and toast. Before going out the ayah ought to be taught to hang out the mattress and all the bedclothes to air, and to put the bottles and teats to soak in filtered water. While she is out, if there be no second ayah, the mother would do well to prepare a bottle for the child's return, as much irritation and useless crying is prevented by having the child's bottle prepared at stated times. When he returns he should be immediately held out and fed. Should he be old enough to breakfast, breakfast to be pre-

pared by the mother while he is out. After breakfast the child should always be held out or placed on the stool, not for a short time, but till the bowels are moved. It is a good plan, while they are young, to give them picture-books or playthings while sitting on the stool, to encourage their remaining there. At 11 or 12 o'clock the child should be completely undressed for its midday nap, the room darkened, and sleep encouraged for two or three hours. As the child grows older he often will not or cannot sleep in the day, but it is a good plan to encourage the undressing and lying down till six or seven years old; not only does it rest the back and limbs, and freshens the child up for the afternoon, but the dark quiet, room rests the brain of an active-minded, clever child. On waking the child should be dressed, if possible in clean clothes, and given its dinner at about 1.30. Good hours for a child in India are as follows; but, of course, in different houses and in different stations hours vary, but the proportion of time between food after a child is weaned ought to be, viz.:

Chota Hazri on waking, say 5.30 or 6 o'clock.
Breakfast on return from walk, say 8 or 8.30.

At 11 or 12, before midday sleep, a cup of milk or soup, bread or biscuit.

At 1.30 or 2, dinner.

At 4.30 or 5, tea, consisting of milk, bread and butter, sponge-cake.

At 7, milk or pudding, bread or biscuit, before going to bed.

This gives a proportion of about three hours between each meal; but, as I have said before, children vary very much, and no regular rule can be set down for all children alike: one child will make such a heavy tea that he needs nothing but a drink of milk before going to bed; others, again, hardly touch anything. A mother should study each child's appetite, however many she has, and feed them according to their several peculiarities—of course, not indulging them too much in capriciousness or daintiness. The best food for each meal is the following. Porridge is an excellent thing for children for breakfast, and if a child will eat a good basinful with milk he will need nothing else. Children with delicate stomachs should be given bread and milk or fish, boiled eggs, or brawn; brawn twice a week is very good for delicate children. Do not give eggs every day. At dinner, a child one year old to two will generally take soup and pudding. It is a good thing to vary the soups every day, say chicken broth, with rice, twice a week; beef tea twice a week; sago, or macaroni, or tapioca, or vermicelli soup two or three times a week. Rice puddings, custard puddings, tapioca, sago, bread and butter, corn-flour puddings, sometimes a

little potato, and if you are in a good vegetable station, French beans or a little spinach twice a week will do no harm. At eighteen months a child can have chicken mince for its dinner, or boiled chicken and rice. At two years old it can have meat or chicken every day for its dinner, but as meat is generally tough in India it is a good thing always to give it minced or chopped up very fine. Of all meats mutton is the most wholesome for children. A child, after two years old, can vary his meals with chicken, mutton, pigeon, soup, vegetables, potatoes, stewed fruit and puddings, jelly; but it is always well that while he is suffering from any tooth the food should be as light as possible. Oranges and grapes are good for teething children. Dates, dried plums, and dried figs stewed can be given now and then, especially when the bowels require opening. A child from two to three may be allowed a little strawberry jam. Brown bread and moist brown sugar are excellent regulators of the bowels, and given at breakfast will generally have the desired effect. A piece of ripe apple when it can be obtained, which is rarely in India, is very good, but fruit should in no country be given to a child late at night. A child in India should not have its brain taxed by learning to read, &c., too early; in fact, no child should be taught to read till it is five or six, although it will

often pick up its letters from picture-books or puzzles.

The Ayah

The ayah is a most important personage in the Anglo-Indian nursery, one on whom very often the whole future health and happiness of the English child depends, and yet how little care is often taken in her selection ! The English are constantly complaining of the native servant ; in fact, the burden of almost every one's song in India is the stupidity, or wickedness, or ignorance, or independent ways of their native servants. Their stupidity is certainly very great, and their blunders often cause as much mischief as merriment. We can well understand the annoyance of the lady who had explained to her servant that when a certain lady called, whose society her husband did not wish her to cultivate, he was always to say "not at home" when she heard him on the verandah saying to this lady, "My misses says, that whenever mem sahib calls must say 'not at home.' " He evidently thought that this would put a stop to useless visits on her part. But to return to the incapacity and independent ways of native servants, they forget that they have only themselves to blame. First of all, when the English took India they employed only the lowest castes, "pariahs," to wait upon them. To wait upon

the "feringhee" became, therefore, a low-caste thing to do, and no high-caste people would do what the pariah had undertaken to do, although in reality there could be no caste reason for doing so, as the laws of Menu could not possibly have provided for such an emergency as India being taken by the English. We have, therefore, in India to cope with the ignorance of the very lowest classes. You would not in England take a girl from "Seven Dials," or from amongst the East End roughs, to wait upon you, nor would you select a north-country labourer as your butler; yet the class you employ in India is as low as these, the only reason for your not perceiving it or suffering from it being that the adaptive disposition and cunning, clever character of the Indian enables him soon to adopt smooth ways and to assume an appearance of great civilisation. Now, after a period of more than a hundred years, there are some very good servants in India, whose grandfathers and great-grandfathers have all been domestic servants, and who are faithful and clever. In the north of India particularly, some servants become as attached and faithful or more so than English people of the same class, and here and there you can really sometimes trust a native implicitly; but as one comes across these treasures but rarely, it is as well to treat them all more or less as if you could not trust them, and this advice I give with special

regard to the ayah. First of all, because the whole health and perhaps the life of your child may depend on how the ayah treats it; secondly, the women of India are even more lazy and deceitful, as a rule, than the men, with the exception of the coolie class. There is hardly any fear of your children being ill-treated by the ayahs. Native servants are, on the contrary, a great deal too much inclined to spoil and indulge them to excess. Hence the reputed odiousness of Anglo-Indian children. The native has no idea of discipline; his only idea is to gratify the child's whim on the instant, and for the sake of peace to give him what he wants. Lucky is the woman who can afford to have a good English nurse to counteract the evil effects of Indian bringing up. In these days the East Indian nurse is becoming a great feature, and it is a charity to that hardly used race to employ them, and their bringing up in European schools often makes them much better servants than the native ayah. But the ayah is still the universal Indian nurse, therefore it will be as well to give a few hints to the young Anglo-Indian mother on the subject of how to treat the ayah, and how to educate her while carefully watching over the child she has in her charge, lest neglect or ignorance should cause any mishap. First of all, I am strongly against an Indian wet-nurse, except where it is absolutely necessary in order

to save the child's life. It is almost impossible for any doctor to find out the antecedents or relationship of any low-caste woman in India. They marry and intermarry till they do not themselves know what relation they are to each other; they lie so readily and so craftily that the sharpest of detectives find it difficult to cope with them, and where the mother cannot herself nurse the child it is most important not only that the wet-nurse be strong and healthy herself, but that she should come of a strong and healthy stock, and this is a thing about which you could never have a certainty; and the diseases that pervade India are so terrible and so loathsome that the English child should have no closer contact with such a race than is necessary. Then I have the old-fashioned idea that through the milk is impressed, in a certain degree, the character and disposition of the nurse, and there is nothing in the Indian disposition that one would covet for one's child. Therefore we hope that the reader will, if possible, avoid an Indian wet-nurse, and advise her friends to do so. If the mother cannot nurse, let her have a cow or Swiss milk for her child, but never a wet-nurse in India.

Some Indian ayahs are very clever in managing children with the bottle, but there are various little hints on this subject to be given. First of all, as a rule they are not particular enough

about cleaning the bottles, and a mother would do well to clean them at least once a day herself, and to have three or four in use, so that if she has not had time to clean the bottle that the baby is using she should take a reserve stock of clean ones which she can give out. There are so many different sorts of bottles in these days that it is difficult to give hints about cleaning them. For India, we strongly recommend the old-fashioned boat-shaped bottle, which has lately been revived; it has several advantages. First of all, as it has no tube, the child is less liable to imbibe wind; secondly, it is the easiest for the ayah to clean the one without the screw. But if the "Alexandra" feeding-bottle with glass stopper is used the mother should have a good supply of bottle brushes and tubing, and keep the bottles and stoppers very clean, leaving the tube and teats and stoppers to soak in a large basin of filtered water for some part of the day; then stretch a clean towel in the window, and let the whole apparatus dry in the pure air. The least speck of curdled or stale milk is enough to upset an infant's stomach and to give him pain, and what is worse, apt to give some serious disorder, such as diarrhœa, &c. Another thing to be careful about with regard to the ayah is that she be a clean woman herself. A bath ought to be insisted on at least every other day, as the close contact to the child, added to the dreadful

habit of their going away to "rice" in some filthy go-down or to the bazaar for two or three hours every day, makes infection much more likely than with a nurse who remains on the premises. This going away to eat rice at their own homes is another senseless habit, the allowing and inconvenience of which we owe to ourselves. When we first took India we could have insisted on our own rules and regulations, and only employed those who fell in with them, and the native's love of money would soon have made him conform. The native woman certainly cannot get through the day without her two or three hours rice, at least not in hot climates, but there is no necessity that she should return to her relations for that purpose. If the parent can afford extra pay it is well worth two or three rupees a month more if she will agree to lie down in some bath-room or outhouse near the house. But as this going has now become an institution it is very rarely of any use trying to battle with it, and the only thing a mother can do is to take every precaution on her own part for preventing any bad results from the existence of an evil which she can prevent. One thing she ought to insist upon is that the ayah wear clean clothes, and, if possible, white or light-coloured ones, also white or linen jackets, wool being a much more powerful conductor of infection than cotton. These clothes and jackets should be left on the

premises, and the ayah should go to rice or home at night. If she sleeps at home in her own old cloth, which she should change on her return before touching the children, her dirty clothes should be left in some outhouse or go-down, and not come near the nursery. On the other hand, we would advise the English mother in India not to worry herself too much, and not to investigate too closely what goes on round her, as she would have no peace. I can tell one or two anecdotes that will prove the futility of trying to avoid infection, and how much wiser it is to leave the case of one's children to a Higher Power, remembering that there are other advantages in India over disease which counteract the painful influences. For instance, infectious disease is often in a lighter form in India. Croup, bronchitis, measles, whooping-cough, chicken-pox, are all more successfully coped with in a hot climate. But to return to the cases of my experience. During my three years' sojourn in Bangalore, a very striking and somewhat amusing example of the curing of natives and the impossibility of coping with their deceptive powers came under my immediate notice. A major in my husband's regiment came out from England and took a house opposite mine in the same road. His wife had one child, and a month after their arrival a second one was born. I had recommended my "dhobee"

or washerman to her. About a fortnight after her confinement she was attacked with measles, probably caught on board the troop-ship ; her English nurse and tiny infant also fell ill of the same malady, and the eldest child was sent to a friend's house. I, fearing infection for my own children if her clothes and mine were washed together, agreed to provide my dhobee with washing-tubs, soap, &c., and to give him twice the wages if he would wash my clothes in my compound. This he agreed to do with a readiness which I took to be for mercenary reasons, but which I ought to have thought suspicious. A few days after this excellent arrangement, on the ingeniousness of which I prided myself not a little, I was walking in the compound, when I saw a large bundle of dirty clothes being brought across the road from my friend's house to the foot of my wall. This was passed over the wall to the dhobee's assistant, who was waiting for it in the inside. My friend the dhobee killed two birds with one stone. Instead of taking my friend's clothes to the tank and washing mine in the compound, he saved himself heaps of trouble by washing hers with mine in my compound, thus bringing the infection a little closer to my doors than it would otherwise have been. For this excess of danger I paid twelve rupees extra a month.

Another story was told me by a friend in

India. She was going through a list of her linen, and found a tablecloth missing. Knowing the natives' wonderful spirit of appropriation, and having missed some linen before, she determined this time to sift the case thoroughly. She therefore flew into the kitchen, which she had never before visited, hoping to surprise the criminal. She did indeed surprise the criminal, but at the cost of much horror and surprise to herself. She beheld the cook wrapped from head to foot in her best tablecloth. "Get up, you vile wretch, you thief! give me back my tablecloth. I will send for the police," she exclaimed. The butler and servants around, amazed and terrified, stood open-mouthed, but no one answered, nor did the miscreant cook move a muscle.

"Get up, I say!" screamed the infuriated mistress. Then the voice of the maty was heard to say :

"Please, missis, cook can't get up. He plenty sick. Plenty smallpox got."

My friend flew to her house, leaving cook and tablecloth to their fate.

Another terrible story is the following. A lady engaged a native woman as wet-nurse, being informed that the woman had lost her own child, who was of the same age as the infant that required a nurse. The lady treated the woman with great pity and kindness. One evening the woman asked for an hour's leave, which was

granted. Several hours passed and she did not return. At last, when her child began to cry incessantly for food, the hour for its food being long past, the lady sent for the nurse. A message was brought back that the nurse's child was dead. "Child dead! what do you mean?" said the lady. She afterwards discovered that the nurse had a child suffering from smallpox; that she not only went back to it at rice-time and sleeping-time, but that, having an ample provision of milk, she was in the habit of nursing her child twice a day. Had the child recovered, the lady would probably never have discovered the truth, and it was only the fact of her having sent a trusted servant, coupled with the confusion caused by the woman's grief (which prevented their making some excuse for her absence), which led to the discovery of this awful deception. These few illustrations will suffice to show the anxious mother that it is almost, if not quite, impossible ever to fathom the depths of native deceit, and that if she wishes to be happy she must not let her mind dwell too much on what might happen. Notwithstanding all we have said on the subject, it must be owned that it is wonderful how little disease there is amongst English children in India, especially infectious disease. The average is not greater, nor, perhaps, so great as in England, where fear of contagion in omnibuses, hired

cabs, railways, &c., is just as great. With regard to the ayah, I can only repeat that, although it is a good thing to appear to trust her, it is just as well to act as if you did not do so, never leaving her complete liberty or power. I must here say that now and then I have heard of, and even come across, most devoted native servants; even servants who would tell you if there was any disease in your go-down, and who would die rather than give you a glass of unfiltered water. I have met with the most careful, even fussy ayahs, whom experience had taught that prevention is better than cure, and that they had more trouble after all when the child was sick than when they attended to the little things that kept them in health; but these servants are as rare as white crows, or snow in summer, so that for the majority we would give the following rules:—Always attend to your children's clothing, even if you do not dress them; see that the sheets and blankets of their beds are dry; see that their own clothing is dry, and that the same clothing is used. An ayah is very fond of smothering a child on a hot day with warm woollen clothing, and of putting into muslins the day the cold weather begins. They have no idea of the difference of atmosphere, either at different seasons or through the day. They have no idea of cold or warmth with regard to food, clothing, or bath water. They will give

a child a cold bath one day, and scald him in a boiling one the next. They will put on a vest and a flannel petticoat one day and not the next. They will give him a bottle hot enough to burn his throat at one instant, and quite cold the next. Of draughts they have no conception whatever, nor of dressing a child hurriedly who has a cold or is ill. A mother in India would do well to attend entirely to her child if it is ill. Another thing that we must warn the Anglo-Indian mother against, more than anything else, is the fatal habit prevalent amongst ayahs of drugging children. It is most common in India, and often has fatal results. Some do it to ensure their own rest, but others, again, do it from a mistaken sense of kindness. The native thinks that the kindest act he can do to a fellow-creature, man, woman, or child, is to soothe pain, no matter how; and if a child be suffering from teeth, stomach-ache, flatulency, or any other infantile trouble, it becomes a mere matter of kindness to assuage its trouble by such a simple remedy as enforced sleep. What they give is arrack, a beverage much used by themselves, and it often leads to temporary paralysis of the stomach; but as it is often difficult to trace the sleep caused by drugs, a mother should, however, always be a little suspicious if a child who is usually restless at night suddenly becomes a good sleeper. After two or three

nights of drugging, a child will probably show some signs of ill-health, and a medical man's advice should at once be applied for. The great difficulty is to find it out at first, and a mother must be very watchful, especially trying to avoid arousing the suspicions of the ayah that she has been found out. There is no doubt that one of the drawbacks of India is that, to cope with the cunning and deceit of natives, one is oneself obliged to have recourse to a system of spying and innocent deception at which one would blush in any other country. To prove, however, the truth of my assertion, I will tell the story of a drugging case that came under my own eyes. A young girl married a collector at Salem; she had lived for some years in India, and had an ayah to whom she was so much attached that she kept her on after her marriage and as nurse to her first child. This child died while a baby from an incomprehensible illness which baffled medical science. Two years after, another child was born, a very healthy but very restless child—troublesome at night. The monthly nurse left it at four weeks old to the care of the trusted ayah. A fortnight elapsed; the child was six weeks old when it gave signs of changing its habits, and becoming the sensible, orthodox baby who sleeps all night and is awake all day. This, however, speedily changed, for the child

slept all night and half the day, waking only to begin a bottle which it left unfinished, falling to sleep over it. At last this also came to an end, the child refused all food and lay flushed but apparently sleeping in its cradle all day and night. The symptoms were rapidly becoming the same as those that had preceded the death of the first child, and with aching hearts the parents sat by the little cradle wondering what the mysterious disease was that laid hands in turn on each little life. At last a doctor was called in, and without hesitation said, "The child has been drugged." This trusted ayah had successfully poisoned each child with drugs, and the death of the first had been no warning; she had no qualms of conscience at seeing the symptoms reproduced in the other, or the distress of the "mem sahib" whom she pretended to love so well. Medical advice ought at once to be obtained, if possible, where a child has been drugged. A common way with ayahs of giving it without arousing suspicion is to dip the tips of one or two of their fingers in a solution of the drug and let it dry there. Their brown skin conceals such practices. They have a dose ready when they choose.

When given in poisonous quantity there will be a livid face, pin's-point pupils, clammy skin, slow, snoring respiration, stupor of deep kind,

and frequently convulsions. An odour of poppies pervades the breath.

In the milder kinds removal of the servant is all the treatment necessary.

In the more severe an emetic of mustard, water, and some strong coffee, smelling salts applied to the nostrils, rubbing and flicking the surface, and keeping the child as much awake as possible is all a mother can do. If respiration be very slow and infrequent, draw out the tongue and use artificial respiration.

Sometimes Indian hemp is used, and then unusual cheerfulness precedes slumber instead of the baby crooning itself to rest.

On no account employ a good-looking native woman to mind children. Preference should be given to ugliness for once. An ayah with any pretensions to beauty would air her advantages even in the valley of the shadow of death, leaving her charges exposed to any intemperance of climate.

The symptoms of drugging are as follows :— First, heavy sleep; the child if roused almost immediately dozes off again. The face is generally paler than usual, and the pupils are contracted and do not dilate when the baby is taken from a bright light into a comparatively dark or darkened room. The respirations are not frequent, and at times are very slight and hardly perceptible (a baby seldom has stertor-

ous breathing from this cause). When the infant awakes it is not hungry and anxious for food, as it ought to be in health. It is very suspicious when a child under four months old sleeps more than four and a half hours without waking; and it may be as well for the mother to take complete charge of the child for one or two days, and she will probably find that it does not sleep, and only tosses about and whines, becomes very irritable, and shows in various ways that it is deprived of customary soporifics. It will be some days before it can fall into its natural habits. Infants are often very skilfully dosed by attendants, just enough given to avoid suspicious appearance, and in these cases loss of appetite, clay-coloured stools, and constipation become habitual, the sleep not being interfered with noticeably, there is wasting, pallor, and feebleness, with a bright shining eye when awake.

But we would again repeat that the Anglo-Indian mother must always be on the look-out for this, taking every precaution against it. She should always have the nursery next to her own room, she should with her own hands prepare the night-bottle, and if she suspect foul play not hesitate to take the child to her own bedroom. There is no doubt that the young mother who goes to India must make up her mind to sacrifice a great deal of time to her children if she would have them well, and as

they grow older she should have them as much with her as possible, to counteract the different bad results arising from association with native servants, such as lying, &c. Before we close our chapter on ayahs we would warn the English mother against two things. One is allowing the ayahs to feed children with native sweets, or, indeed, with anything between meals beyond a dry biscuit or cup of milk; the other, permitting them a certain destination for their walk. I have known ayahs take children to the most unhealthy and disease-infected parts of the bazaar because they had relatives there, letting the children play meanwhile with filthy little native children. Again, a mother ought to insist on the ayah's not letting her children mix with any others except a few of her friends' children, whose names she might give to the ayah. These little precautions will do a great deal towards keeping a child in health and in good habits. An ayah ought never to be allowed to doctor a child herself. Indeed, no one but the mother or doctor should do this even in England.

Eye Flies

It will not be out of place here for the guidance of mother and ayah to mention what is a decided infliction in some parts of India. There is a tiny fly which comes in a cloudy mass, very

like midges or gnats at home, and are perpetually hovering round children at play. They try to get into the eyes of grown-up people, but particularly attack small children who are not able to beat them off. A careful ayah will keep perpetually fanning them off, for should one enter the eye it causes very great inflammation, and of a most painful description. Prevention is always better than cure, and if a mother would take the precaution of smearing a little castor oil on the eyelids morning and evening, the child would never suffer, as the flies never go near castor oil. Should the harm, however, have already taken place, and one fly will suffice to do this, call in medical advice. Green tea is a good application, and where medical advice cannot be had, the following is a good recipe. The eyes should be well washed and sheltered from the light. It will be a comfort to the mother to know that when the hot weather ceases, and, indeed, before, these flies disappear; they only exist for two or three months during the mango season, and in some places do not appear at all.

1. Bathe in warm water.

2. Drop in a little one per cent. solution of cocaine. This eases the irritation.

3. Ten minutes later use a solution of half a grain of nitrate of silver in distilled water, one ounce.

This will usually cure the ordinary attacks in a couple of days, but contagious ophthalmia requires skilled medical aid as soon as possible. Invariably call in the doctor, and be careful to allow each affected child to have towels of its own. No towels for common use should be allowed; each individual should have his own. Infection is frequently carried in towels from one child to another.

CHAPTER XI

DISEASE

THE chief serious diseases to which children are liable in India are whooping-cough, cholera, and fevers, of which the chief are simple continued fever, ardent fever, malarial fever, measles, scarlet fever, typhoid fever, dengue fever. I will endeavour briefly to point out their chief symptoms and treatment in turn.

Whooping-cough

Whooping-cough, or hooping-cough, is a disease which belongs almost exclusively to young children, and has a peculiar sound which the most ignorant can hardly mistake. It is very loud, and has an "after sound" to the ordinary cough, very much like a crow; it has great force, and seems to shake the child's frame through and through. The cough comes on in paroxysms and is most painful to witness, the child often turning quite purple and appearing to suffocate. In a small child it often leads to convulsions, but an ordinarily healthy child of three or four years old does not suffer, except at the time of the paroxysm, and will play and run about as

usual in between. Although in a child who has outgrown infancy, whooping-cough is generally accompanied by bronchitis, it is the greatest mistake, except during a cold winter in England, to shut it up in one room and exclude the air. A child with whooping-cough cannot have too much fresh air, and one advantage of his having whooping-cough while in India will be that the warmth will not increase cold and bronchitis; on the contrary, you will sometimes find that a child with whooping-cough coughs less while in the open air. Of course in cold weather, or in a cool station, he would for the first ten days or a fortnight have to be confined to his room; but then the room must be well ventilated, or he ought to have the run of two or three rooms. In the first stage give ipecacuanha wine mixture; this will bring up the phlegm, and perhaps cause sickness, which will relieve the chest and lungs. For this purpose take :

Wine of Ipecacuanha	.	.	.	3 drachms.
Simple Syrup	.	.	.	3 „
Water	.	.	.	6 „

A teaspoonful to be given three times a day.

In the second stage the following medicine may be substituted :

Diluted Nitric Acid	.	.	.	2 drachms.
Compound Tincture of Cardamoms	.	.	.	$\frac{1}{2}$ drachm.
Simple Syrup	.	.	.	3 oz.
Water	.	.	.	$2\frac{1}{2}$ „

Water must be filtered.

One teaspoonful for an infant of six months ; two teaspoonfuls for a child of twelve months ; and one tablespoonful for a child of two years, every four hours.

Rub the back and chest night and morning with soap liniment, or with any good embrocation. Roach's embrocation is excellent ; so, also, is the following liniment :

Oil of Cloves	1 drachm.
Oil of Amber	2 drachms.
Camphorated Oil	9 „

The pure camphorated oil, or "Oriental balm," the latter being easily procured in India, is equally good. Wrap the child in new flannel.

The complaint generally lasts a month. In India it is, however, as a rule, in a milder form, and a fortnight to three weeks is the limit of its duration. If the child be pulled down, give him cod-liver oil after his meals, two or three times a day, and, if possible, send him somewhere for change of air ; this, even during the first stage, often effects a cure. Whooping-cough lasts half the time in India that it does in England. Change of air should be to the plains, not to the hills. Various serious things may happen during an attack, such as bleeding from the eyes or from the ears. Convulsive seizures, vomiting, fainting, &c., are not infrequent. There is also always some bronchitis with whooping-cough, but in some cases inflammation

of the lungs sets in, so that it is well to take care of each case and treat it at first as a severe cold, remembering that throughout its course, at any time, even a mild case may be aggravated by injurious management, and almost irreparable injury result from inattention to trivial details, or gross carelessness displayed constantly, with the attempted justification of "I thought it was no harm," "Often saw it done," and so forth. This needless trifling with human life is simply insanity, and persons incapable of following directions intelligently ought not to be allowed to meddle with sick children or adults.

Chicken-pox

This is a very infectious though really trivial complaint, and, too, exceedingly common in India. For the first day there is usually some fever, but not accompanied by much apparent indisposition. Frequently children do not appear to be ill at all; then a number of little red pimples come out on the face, head, chest, and body. These pimples change on the second day into little blisters, a condition which has given rise to the name of "pearl-pox" or "pearl fever" for this disease. On the fifth day the blisters burst or dry up, with formation of scabs or crusts, then fall off on the ninth or tenth day, and the whole sickness is over. This is one of those diseases which rarely occur twice in the same person,

but unfortunately it does not convey any protection against smallpox. As already explained, vaccination alone has any influence against that disease. The treatment required is merely to keep the child within doors while the rash is out, abstain from giving meat or animal food, and administer a mild purgative. Perhaps the most important point to remember is that chicken-pox is very contagious, and, consequently, every child affected with it must be kept isolated.

Cholera

If we could only make absolutely sure of getting pure water and pure food, this disease would not be the scourge which it is, at times, in India. Among very young children, fortunately, the disease is not common ; but it does prevail, at times, even among them. Cholera is essentially a filth disease, and is not caused at all by climate, wind, or weather. Cholera appears to originate from a peculiar poison given off by other cholera sick, and usually gets into European and other families by contamination of some one or more articles of their food or drink. It commonly occurs during the hot months, but in Lower Bengal it may occur during any season. It usually begins by diarrhœa, soon followed by vomiting and the passing from the bowels of a peculiar rice-water-like fluid. Vomiting

and diarrhœa have not lasted long before cramps of the muscles come on, accompanied by a sense of coldness, collapse, blueness of face and fingers, shortness of breath, an unquenchable thirst, and great restlessness. Frequently a cold perspiration breaks out, while often no urine is passed or made ; in fact, in a very short time the child presents an appalling condition. Some forms of very severe diarrhœa resemble cholera, but do not present cramps, or the peculiar rice-water motions. Up to the present the doctors have not yet found any drug which can effectually influence this disease, so we are compelled mainly to treat the symptoms as they arise. To begin with, always try and check the early diarrhœa by giving one or other of the following :

(1) Take of—

Compound Chalk and Opium Powder	10 grains.	
Bismuth	30	„
Bicarbonate of Soda	15	„ Mix

Divide into six powders. One to be used every six hours—not oftener.

(2) Take of—

Tincture of Catechu	40 drops.	
Dilute Sulphuric Acid	20	„
Syrup of Ginger	3 drachms.	
Water	10	„ Mix.

Give two teaspoonfuls every three or four hours.

As the first medicine contains opium, it should not be given after the first day. Ice to suck and water to drink may be freely given in this disease. If collapse be marked, dip the child in a warm bath, and to relieve cramps apply mustard poultices liberally over the heart, back of neck, and calves of legs. If the stomach will retain food give milk and lime water, and later on some chicken broth and arrowroot. Care should be taken not to give anything and everything which sympathetic neighbours and servants offer and extol as wonderful remedies. Most of the so-called "cures" contain opium, which is a drug that, if given after the early stage, often does more harm than good.

In a case of cholera, too great care cannot be taken to disinfect well and thoroughly all the discharges both from the bowels and stomach. Small articles, if not of value, which have been soiled should be burnt, while others must be at once soaked in carbolic acid water (strength, half an ounce of pure carbolic acid to twenty ounces of water). All the vomit and motions must be at once disinfected with the same disinfectant. As the sick child recovers, do not be in a hurry to feed him up, nor give stimulants; watch the secretion of the urine, for until that is free and natural danger exists, even though the cramps, diarrhoea, and vomiting have long ceased.

Fever

No term in the whole list of diseases is more commonly used nor so much feared in India as this. The mother should understand that a mere state of fever is not necessarily a matter of very grave importance in India, especially in children. By the feverish state I understand great heat of skin, thirst, a rapid pulse, and usually a flushed face. Now, as to what really is the nature of this condition called fever, even doctors are but imperfectly informed. It will suffice to know that a child may be feverish as the result of a mere local trouble, such as simple indigestion, or teething, or from the sting of an insect, as well as when suffering from something much more serious. When a child gets feverish it is almost impossible to say at once what that condition means,—even a doctor would decline to give an opinion straight off unless some other symptoms were present; and it therefore behoves every mother to content herself with realising the simple fact that her child is feverish, and leave it to the doctor to decide its nature and cause. But since the influence of fever upon the human body is very profound and depressing, resulting in much nervous disturbance and muscular waste, it is the duty of every mother or nurse to be able to readily note its onset, and also be able to act discreetly towards the patient in order to husband his or

her vitality till the opinion and advice of a doctor can be obtained. The great and common test of the absence or presence of fever is rise of body heat. This is usually detected by means of a little instrument called a clinical thermometer. Every mother should possess one of these, and when circumstances suggest its use, make her own observation as to the child's body heat. This is easily done by placing the quick-silver end of the thermometer into the child's armpit, next to the skin, and leaving it there undisturbed for five minutes. In health, the heat of a child's body is about $98\frac{1}{2}$ degrees; a little over or under need not make a mother anxious, but a rise above 100 degrees is a certain sign that something serious exists, requiring the presence and opinion of a doctor.

Having recognised the presence of the feverish state, the mother should place the child in bed in a quiet, cool, darkened, and well-ventilated room: the main object of this is to secure *rest* of both mind and body—a very important aid to recovery. Her next duty is to relieve distressing symptoms, such as headache and delirium, by cold applications to the head such as ice water or vinegar and water, or even ice itself. Vomiting and sickness will be relieved by giving ice to suck or adding lime water to the food. Purgatives should, as a rule, be withheld; unless constipation be very marked if

wanted, they will be given under the doctor's direction. If thirst is bad give ice to suck, plenty of water to drink with some cold milk, or the juice of an orange or lemon, with all the pips and pulp carefully removed. Should a doctor's assistance not be readily available and the child's body heat, as shown by the thermometer, be at all high or anything over 104 degrees, with or without convulsions, efforts should be made to lower it, and keep the body heat down. The most efficient means for meeting this trouble is the careful use of the cold bath. No mother should hesitate to use this remedy whenever a child's temperature reaches 104, or whenever nervous symptoms threaten, such as twitchings or convulsions. The water should be got as cold as possible, and the bath made sufficiently deep so as to reach up to the child's neck. The bath may be continued for eighteen to twenty minutes. If the child be timid, the water may be warm at first and gradually lowered in heat by adding fresh cold water to it. The effect of a cold bath upon a very feverish child is usually wonderfully soothing. Food may be given with benefit to such a child while in the bath, as it is then distinctly stimulating and invigorative. It is rarely necessary, except in cases of extreme exhaustion, to give alcoholic stimulants to a child when in a cold bath; if such be needed, a teaspoonful of brandy usually suffices. On taking the child

out of the bath, it is not necessary to dry the child much or to wrap it up in blankets: simply cover it with a sheet; in nine cases out of ten it will fall asleep. If it wakes up later on with less fever, give milk or even some soup. Repeat the bath as often as the temperature rises too high, no matter how often; but take care to coax the child if it seems at all frightened, so that it does not distress itself and thereby become worse. In cases where children are much debilitated, the bath may be replaced by sponging the child with cold water. In addition to these means of reducing fever, one may give certain drugs. These, as a rule, are not to be recommended for indiscriminate home use, except under the direction of a doctor. Amongst such drugs is antipyrin, of which ten grains dissolved in water may be given to a child of five years, and about half the quantity to a child of two years; if need be similar doses can be given after intervals of an hour. Antifebrin is another drug that has been much employed. Two grains is enough for a child of five years, but under that age not to be recommended. In addition to these remedies we must mention the value of rubbing oil over the bodies of children suffering from high fever. It is not understood how this acts beneficially, but the fact remains that it sometimes lowers the temperature of fever patients, and is a remedy of

much value among the natives, not only of India, but other hot climates.

Besides making efforts to combat the excessive body heat in fever, it is the first duty of all attending on the fever-stricken to endeavour to restore exhausted nature, and to retain every possible particle of the patient's strength. By nothing can this be so well done as by the careful giving of food. This should be unstimulating and mostly in a liquid form. Feeding should be done "little but often." Do not go in for starving a feverish child—give mutton broth and beef tea thickened with well boiled or baked flour, a little Savory and Moore's food, or, perhaps better, if thickened with some of Mellin's food. Milk alone is often apt to be heavy and indigestible, but is much improved if mixed with isinglass, gelatine, gum acacia, or the time-honoured barley water. In cases where beef tea is badly tolerated, give some veal tea or chicken broth, or even vegetable soup, all carefully strained. Excepting in very rare and severe cases, alcoholic stimulants are not needed in the treatment of children's fevers.

So far I have endeavoured merely to give a few hints as to the nature, symptoms, and management of fevers generally. It is necessary now to describe briefly the chief types or kinds of fever the average European child is likely to suffer from in India. It is not my intention to

enter into full description of these various kinds of fever with minute accounts of their special symptoms, as, without the special training of a doctor and much experience, it is difficult to accurately distinguish one from the other. For all practical purposes it will suffice to know that the chief fevers from which the European child suffers in India are—

1. Simple continued fever.
2. Ardent or sun fever.
3. Malarial fever.
4. Typhoid fever.
5. Measles.
6. Scarlet fever.
7. Dengue.

Simple Continued Fever

This rarely lasts longer than from twenty-four hours to three days, the child being feverish throughout the time. The chief causes of it are teething, exposure to sun or chills, and indigestion. The child usually complains of weariness, headache, aching of limbs, and thirst. The body heat is commonly 102° or 103° , rising very suddenly and not varying much from one part of the day to another. There is no rash, as a rule, nor any sore throat or appearance of a cold. The treatment consists of rest in bed in a cool and well-ventilated room. If the stomach is loaded give an emetic of ipecacuanha wine, or if bowels

be irregular, a dose of castor oil. The diet needs to be simple, consisting of arrowroot and milk and water. At the end of twenty-four hours a half-grain to two-grain dose of quinine may be given according to age, but not if much depression exist.

Ardent or Sun Fever

This in great measure is but an exaggerated form of the preceding, but in India assumes some importance owing to its frequency, and from the fact that occasionally it is followed by convulsions or heat apoplexy. It is most apt to occur during the hot months, and is to be suspected when a child is attacked with sudden and violent fever, the body heat rising often to 105° or 107° . Its subsequent course is irregular ; in some cases it may subside rapidly like simple fever, while in others it may last some days or weeks. The main point is to realise that the danger of the whole attack lies in the possibility of the body heat getting too high, and until it is reduced, or free perspiration comes on, the child's life is in danger. For this state of affairs only one line of treatment is of any avail, that is the cold bath as already explained. This having been properly given, the next thing is to give a full dose of antipyrin, or, in its absence, two to five grains of quinine. Later on, as recovery progresses, attention must be

given to rest and quiet, to regulation of the bowels, and simple dieting.

Malarial Fevers

These include the various forms of ague and a mixed form of fever called remittent. As it is not unlikely that what many doctors call remittent fever is nothing but a masked form of typhoid fever, it will be as well if the so-called remittent fever be disregarded for all practical purposes.

The peculiarity of these malarial fevers is the fact that the increase of the body heat is not continuous, but is marked by a distinct cessation and period of freedom from fever. Children get ague at all ages; but, in most cases, the cold, hot, and sweating stages are variously modified. One child may merely yawn and loll about, refusing to eat, while another may have a distinct shivering attack followed by free perspiration. Shivering is not usual in children, the stage being commonly marked by pallor and sense of coldness. This may last from a quarter to two hours, followed by a hot stage, which again may last from two to four hours. An attack of ague is not of itself dangerous, but is serious, inasmuch as it shows that the child has been affected by the elements. The great peculiarity of ague and the malarial forms of fever is the remarkable tendency to return which they all

show. This tendency to return appears sometimes in the form of an attack of fever every day at the same hour, sometimes every other day, or only every third day. When the fever recurs every day, the cold or shivering stage is usually short and the hot stage long, while when recurring only every third day matters are just reversed. Ague in children should never be neglected, as if allowed to continue very long the general health and strength becomes greatly undermined.

For treatment, when the child is feeling cold, wrap it up well, put it to bed with a hot bottle to its feet and back, at same time give warm tea or milk to drink. If constipation exist, a dose of castor oil should be given. Later on, when the hot stage is well advanced, some of the wraps may be removed. If there be any tendency to nervous twitching or convulsions, a bath may be given, as already explained for excessive body heat. The child will probably be very thirsty—allow plenty of iced water or lemonade. The following fever mixture may, with advantage, be given at this time to promote perspiration :

Take of—

Solution of Acetate of Ammonia	. ½ oz.
Nitrate of Potash . . .	. 20 grains.
Sweet Spirits of Nitre . . .	. 1 drachm.
Syrup . . . . .	. 3 drachms.
Water . . . . .	. 3 oz.

One to two teaspoonfuls to be given every hour till sweating comes on.

So soon as free perspiration has been established, give the child three grains of quinine if the child be five years of age, but one grain if younger. The quinine should be repeated ten hours afterwards, the chances being good that if the child be kept warm, the attack will not return. The quinine should be continued twice a day for quite a fortnight. In cases where children get repeated attacks of ague, notwithstanding quinine and care against chills, no good is likely to result unless change of station be carried out, preferably to the hills from the plains, or even to England. The diet and clothing of children liable to suffer from ague needs most careful management. The former should consist largely of milk. Diarrhoea should be always checked, while fatigue and exhaustion must be avoided; moderate exercise is, however, a necessity.

Measles

This is a mother's perpetual *bête noire*, and it will be a decided comfort to her to know that one of the advantages of India is that this disease nearly always takes a milder form in that country than at home. The great danger of measles is where it is accompanied by a cold or chill, and it is obvious that this fear is less in a

hot climate. The symptoms of measles are generally the following, both in children and grown-up people. The patient is subject to shivering fits, or is alternately hot and cold; sneezing, watering of the eyes, running of the nose, redness of the eyes, headache, cough, difficulty of breathing, accompany measles. If this be followed by red patches on the neck, chest, and face, you can be sure that it is measles, although the symptoms may precede it by two or three days. A prudent measure on the part of a mother is, the moment she perceives the first symptoms, to refrain from using cold water for her child for two or three days, as suppressed measles is very often the result, and is most dangerous. The child should at once be isolated, as it is one of the most contagious diseases that exists. Another mistaken theory is that every child must have it. A story is even told of a mother who was so anxious that her child should get over what she considered a necessary disease, that she put it to bed with a child who had measles. Now, not only is it possible for a person to go through life without having measles, but it is most important, if possible, to try and keep it away till the child be over two years of age. It is an illness that needs to be accompanied by strength, and often leaves behind it a slight delicacy of the chest or bowels, eyes and ears.

The following is the best treatment. Keep

the child in his bed in England; in his room will suffice in India, but have good ventilation. Keep the child on low diet for the first few days. Very little can be given in the way of medicine. Acidulated infusion of rose mixture will be quite sufficient in a mild case, combined with warmth.

Diluted Sulphuric Acid	.	.	.	$\frac{1}{2}$ drachm.
Simple Syrup	.	.	.	$1\frac{1}{2}$ oz.
Acid Infusion of Roses	.	.	.	$4\frac{1}{2}$ „

Tablespoonful every four hours. Orange juice, toast and water, and barley water can be given as cooling beverages. In a sharper attack give the ipecacuanha wine mixture every four hours, and apply a linseed poultice on the chest to alleviate the wheezing.

As the child gets better, give him strengthening food, but do not let him be exposed to the cold under a month. Do not use aperients. If the child be old enough to read, do not let him do so, or try his eyes in any way till a month after his recovery, and avoid chills as long as possible. The time of contagion generally lasts for forty days, and many unexpected things will give it. The hangings on the wall, the matting, carpets, rugs, bedding, should all be fumigated, and the clothes the child wore when first beginning to sicken be destroyed.

Scarlet Fever

Scarlet fever is hardly ever seen in India, but for safety's sake we give symptoms and remedies. The approaching symptoms of scarlet fever can be known from measles by the following differences:—Measles commence with a cold or hoarse cough, running at the nose, &c.; fever does not. The eruption of measles is in raised, crescent-shaped dots or patches; scarlet fever is not raised above the skin, but only covers the skin with a vivid scarlet blush. Dr. Pye Chevasse, in his book on the management of children entitled 'Advice to a Mother,' gives us the following means of testing whether the disease be scarlet fever or measles:—If the disease be scarlet fever, a white line can be drawn down the back with the nail. All along the eruption the skin will grow pale and present a white trace, which remains for a few moments and then disappears. Scarlatina and scarlet fever are exactly the same disease, only that scarlatina is a milder form. The symptoms of both are similar—chilliness, languor, drowsiness, feverishness. On the second day the patient turns the colour of a boiled lobster. Tongue, throat, whites of the eyes, all turn the same colour, the throat and tongue being more scarlet than the rest, or the tongue covered with little raised spots like a strawberry. The eruption

generally passes off on the fifth or sixth day, and then the body begins to peel and itch.

There are three forms of scarlet fever: one where the throat is hardly, or perhaps not at all affected,—this is the mildest form of the disease; the second, which is accompanied with delirium, at all events at night; and the third, in which the throat is violently attacked, ulcerated, and inflamed. This malignant form most frequently proves fatal. The principal dangers of scarlet fever are the following:—Affection of the throat, abscesses, affection of the chest, swelling of the joints, disease of the kidneys, sometimes ending in dropsy.

Often scarlet fever is complicated by the presence of diphtheria. A mother should never attempt to nurse her child through scarlet fever without medical advice if possible, as one little mistake in the treatment may prove fatal. Scarlet fever is too serious a disease to be trifled with, and a doctor should be invariably consulted. Should the mother, however, be in some distant coffee plantation, or outlying station or district in India, where medical advice is not at once to be obtained, the following is the treatment we would beg her to follow, without listening to any other counsel. First of all, let her keep the child warm, but not too warm; and whatever drinks are given must be with the chill off, but not warm. The first thing to do is to throw open

the windows and to have thorough ventilation ; keep the bedroom, especially in India, as cold as possible. Fresh air is the most necessary thing in scarlet fever. In cold stations it is a good thing to have a little fire burning in the room, but still to allow all the windows to be open. A fire always purifies the air. Take down any hangings in the room, and now apply a hot linseed poultice to the throat six times a day,—that is to say, leave it on all day, but change it six or even more times a day. The poultice must have no mustard in it. Tack a bandage firmly over the poultice, so that it shall not slip about when the child moves. I would here give one word of advice on the subject of poultices. Nearly every one can make them, but very few can make them well. First of all, never put one on lukewarm ; it does more harm than good, and when it is taken off, always place a piece of linen or flannel over the place to keep out the air. Where people err in making poultices is that they make them too wet and flabby. To make a poultice, (1) warm or heat a basin well with boiling water ; (2) then throw away that water, and at once place in the heated basin the quantity of dry meal which you need ; (3) at once pour on to this over the meal some *boiling* water, mixing all the time very quickly with a knife or spatula to the thickness required ; (4) after this transfer or

place smoothly the mixed linseed mash evenly on to a piece of linen, and turn in the edges to prevent any escape of the meal. Apply at once to the part, taking care, of course, that it is not too hot and scalding; be always careful to see that the poultice is not too wet, as nothing burns a person more quickly than a very wet hot poultice. If the meal is firm and dry, it will not run out easily at the edges. Hardly any moisture ought to be felt on the outside of the linen; only just enough to open the pores of the patient. In India, a mother would do well to make the poultices herself or to see them done; a chatty of red coal should be brought in, and she can then proceed to stir it just as she would on her bedroom fire at home. Above all, never have a poultice kept hot in a hot case (hot cases are used in India for keeping plates, &c., warm), as a shell-hard poultice is as worthless, if not more so than a wet, sloppy one. But to return to the treatment of scarlet fever, the following medicine is the most efficacious, in fact, sulphuric acid has a specially beneficent effect on scarlet fever:

Diluted Sulphuric Acid	.	.	.	$\frac{1}{2}$ drachm.
Simple Syrup	.	.	.	$1\frac{1}{2}$ oz.
Acid Infusion of Roses	.	.	.	$4\frac{1}{2}$ „

We see now that the essential remedies in the first stage of scarlet fever are the following:

Fresh air, and plenty of it.

Plenty of cold water to drink.

Linseed meal poultices to the throat unceasingly.

Acidulated infusion of roses mixture as medicine.

The diet for the first few days should be as follows :

If the mother be nursing her child she must continue to do so, and give him nothing else. Change or mixture of food at such a time might prove fatal. If he be weaned and under two years old give him milk and water and cold water to drink. If he is older give weak black tea or thin gruel, roasted apples and grapes, a very sweet orange, but do not be distressed if he refuses everything but water, as the less he eats the better.

There is a second stage in scarlet fever, during which we would particularly warn the mother to be very careful, and for which we would beg her to watch unceasingly. After the first few days, probably on the fifth or sixth day, all her treatment must change when she perceives that her child's skin suddenly becomes cool. She must on no account omit to feel the child hourly and daily, lest this coolness should come on without her feeling it, unless the child be old enough to say when he begins to get chilly. She should then close the window, put

on extra clothing, and slip a flannel wrap or gown over the night-shirt. Flannel, however, should not be placed next the skin till the dead skin has peeled off. In fact, a child who has had scarlet fever ought never to be without flannel ever after. In India we would recommend no child to be without. Now his beverage must be given with the chill off, and he must be kept warm. It is during the period of convalescence that the great danger of chill exists. A child recovering from scarlet fever cannot be too carefully clad. It must be distinctly understood that it is during recovery and during the peeling of skin stage that the chance of infecting others exists. Then infection is conveyed by the small flakes of skin and scurf which come off the patient's body, and which stick to the bedding or clothing.

To lessen this danger, a child in the peeling stage should be daily bathed in warm water reddened with Condyl's fluid. All clothing and bedding used by the sick in this disease should be carefully kept distinct from that used by others and disinfected. In the absence of a proper apparatus, the best proceeding is to place them in a tub containing 1 oz. of pure carbolic acid to each two gallons of water, leaving them in it till they can be attended to and are boiled for a period of four hours, after which they should be dried in the open air, well

away from all homes for a week, and again washed. On no account give an aperient till the doctor tells you you may. The chances are that as the fever wears off the bowels will resume their regular habits, and scarlet fever is constantly unaccompanied by constipation. When the disease seems to be passing off, a dose or two of syrup of senna can be administered early in the morning, or, if unsuccessful, give every four hours through the day. When the appetite returns the patient may be pronounced on the road to recovery, and the diet can be improved. Bread and butter, milk and water, and arrowroot made with new milk can be given, then a light pudding, and in a few days chicken, then mutton. Let us here sum up the treatment of scarlet fever shortly :

1. Ventilate the room, keep the bed cool.
2. Avoid draught or change of temperature to the room.
3. Administer acidulated infusion of roses with syrup.
4. Avoid purgatives for the first ten days as far as possible.
5. A strict diet is necessary, as much cold water as the patient fancies.

The patient not to leave the house under a month or six weeks, and not to mix with others till all peeling has ceased.

Typhoid or Enteric Fever

Though children undoubtedly get this disease, yet it is relatively rare under two years of age and seldom fatal. This is probably explained by the fact that growing individuals more successfully resist diseases which run a gradual course than do those who have ceased to develop. Now typhoid fever is notoriously a fever which runs a gradual course, and owing to this its due recognition at an early stage is correspondingly difficult. The child usually begins by showing listlessness and disinclination to play—often drowsy. The skin is hot and dry, and body heat some 100° or 101° . The tongue is usually dirty, breath offensive, while the bowels are loose with pale and offensive motions. On the third or fourth day the bowels tend to constant gurgling, and are tender to deep pressure, particularly on the right side near the groin. At this time, or at the end of first week, a few rose-coloured spots come out on the body, chiefly over the belly; these appear in crops, but in India are not at all constant. Vomiting and nose-bleeding are by no means uncommon in children suffering from this disease, while great muscular wasting and drowsiness are very constant. Sometimes diarrhœa is quite absent, a distended abdomen with constipation being conspicuous. Gradually, in a favorable case, in

about three weeks the symptoms improve, the temperature falls, and obvious convalescence sets in.

The secret of the successful treatment of typhoid fever lies in good nursing, and in realising the fact that the force of the fever poison expends itself upon the small intestines, which undergo ulceration. This being so, it is obvious that every case of this fever should be moved about as little as may be, and fed upon as bland and simple things as possible, the object being to allow the inflamed bowels rest and time to recover. In consequence of this, careful dieting is of more importance than physic. The food should be given in small but frequent quantities. Milk diluted with thin arrowroot or barley water is the best food—beef tea and broth are not wanted till later on, when exhaustion is marked. If diarrhœa is troublesome corn-flour may be given cautiously. Give cold water liberally. As to medicines, these are best withheld, except under the doctor's orders.

The room in which the sick person lies must be kept well ventilated; particular care must be given to all evacuations from the bowels, which should be at once disinfected by pouring dilute carbolic acid over them, and at once removed. All soiled linen and dirty napkins must be carefully and immediately plunged into

carbolised water and removed from the house. The reason for all this care in regard to the bowel evacuation and discharges is the fact that the poison of typhoid fever is given off by the bowels, and it is by means of neglected motions and bowel discharges that the disease is spread. One great rule in this disease is, do not give any purgative medicine except ordered by the doctor. If body heat is high, cold or tepid water sponging will be of great service and comfort, while pain in the belly with flatulent distension will be relieved by hot fomentations. During convalescence the same care as to diet needs to be carried out.

Dengue

This disease is not so prevalent now in India as formerly, when it was frequently known as "break-bone fever," from the amount of pain in the bones and joints which accompanied it. It usually begins somewhat suddenly, or perhaps the child will merely complain of feeling a little out of sorts for a few hours. This is rapidly followed by the appearance of high fever with most intense pain in the joints and bones, while at the same time a mottled red rash comes out on the cheeks, neck, hands, and feet, accompanied oftener than not with a sore throat. The fever, rash, and pain usually abate in about forty-eight hours, leaving the

child very weak and prostrate. Matters go on favorably for a couple of days, when commonly a measles-like rash breaks out with a return of fever. This second attack does not commonly last more than a day or so, when convalescence gradually and surely sets in. There is much resemblance between this disease and scarlet fever, particularly in regard to the rash and throat; also, too, many cases are apt to occur together like an epidemic. This disease is very rarely fatal, the only danger being the excess of fever during the early stage. So far as treatment is concerned, drugs appear of little use; the best results follow cold sponging and bathing in order to moderate the fever, while a dose of castor oil or rhubarb and magnesia corrects any constipation that may exist, followed by the same fever mixture as recommended in the preceding pages, under the treatment of malarial fever, to promote perspiration. The diet requires to be of the same simple fluid kind as recommended for the management of fevers generally.

CHAPTER XI

GENERAL REMARKS

THERE are many more diseases belonging to children, for which they must turn to judicious medical advice ; but what we would advise the Englishwoman in India is to study her child, especially the wives of soldiers. It would surprise a great many members of what we term the lower classes to know how much more trouble ladies who can afford to pay for nurses take with their children than they do. I am perpetually coming across the mothers of eight or nine children who know nothing more about their ninth child than they did about the first, simply because they do not take the trouble to learn. How much happier would they be if, instead of perpetually sending for the doctor or carrying the children to hospital, they only would watch ! Very little babies will soon teach them how they want to be treated, and no two children are alike. Have no health rule : one child may sleep almost all the night and day, another will be very restless ; one likes milk, the other dislikes milk. If even a tiny baby of three or four months old shows a dislike to milk and is

constantly sick, and if you are sure that you are not giving the milk too strong or too thick, he will probably be able to digest some food. The very best food for an infant who has not yet begun teething is Mellin's or Nestlé's food. Some children can digest Nestlé's food when they cannot milk. I have heard of children being brought up entirely on a weak preparation of Nestlé's food; but it is better to try and continue the milk if possible. Nestlé's food twice in twenty-four hours is generally sufficient; at night it is often inducive of sleep. Although I am an advocate of Swiss milk in India on account of the difficulty of getting good cow's milk, I would never advise a mother who can get good cow's milk to give Swiss; it is not so bone-making, although it is very fattening. Do not give the sweetened Swiss milk, as it is apt to destroy a child's first teeth; the unsweetened with a pinch of sugar and a pinch of salt is the best. Never increase a child's diet while it is going through any phase—either vaccination or teething, fever, &c. It is not always necessary to lower it, but to keep it at the same level. I am not myself an advocate of a child being kept without food longer than four hours, as he is apt to make too voracious and hasty a meal after that time, but after four months old he should not have it oftener than every three hours. A clever nurse or mother will arrange

that the baby has his bottle at certain times, when he is fidgety, or after any particularly disagreeable performance that he does not appreciate—such as being dressed. A little immediately after his morning tub soon becomes a treat, to which he looks forward with delight. Never let a child have his bottle in his cradle. If possible put him into bed awake at night, if not in the day. In India it is a great mistake and quite useless to put a child to bed very early. The midday sleep during the heat should be a good one, and a child rarely goes to sleep in India before half-past seven or eight o'clock. Now to sum up a mother's duty in India: remember I am speaking to the wife of the private as I am to the wife of the commanding officer, for in India mothers of all grades have time to look after their children. I would, first of all, urge them to be perpetually watching their ayahs, and while trying to cultivate their affection for the children, never to absolutely trust them. They must abstain from giving cold baths, keep them out of the sun, but also look out for chills; never let them be without flannel, whether in the plains or in the hills; never give them cold bottles. I firmly believe that half the sickness that occurs amongst soldiers' children in India arises from two faults in feeding. One is that the food is given too thick, the other that the bottle is given cold. In India, even

if it gives you a little more trouble and expense, never give your child the same bottle twice ; you may do this in hill stations if you warm the milk up first, but in the plains never. If you can nurse it do so, and entirely. The right proportion of milk for an infant of three months, as a rule, is one third of milk to two of water, and half the proportion of milk and half of water after three months ; but the milk is usually so poor in the plains that you find that your baby is not satisfied with one third of milk, and most babies in India take to half milk and half water at two months, of course waiting longer between. Whatever any doctor may say, in the first month or two a child should be nursed, and have the breast or bottle whenever he cries for it. I take for my example the offspring of animals, who have no beaten rules and no exact time, but who are fed whenever they cry. Another thing in which I know I am going against the doctor is in saying that unless the mother be delicate there is no reason why she should not have the child in bed with her. Animal warmth and the warmth of its own mother is what a child requires to thrive, and a child that sleeps in its mother's bed sleeps much better. The cold and loneliness of a cradle are unnatural to a child, and wakeful habits are begun by the child being seized the minute he falls asleep in his mother's arms and being put into the cradle. After two

months the child can wait two hours for his food, and by four months he should wait three. I will now end by giving a few prescriptions which I can recommend from experience for medicines which a mother should always have by her for immediate use. I am now considering you have a healthy child who suffers from only the ordinary disturbances of childhood. Generally a small baby is alternately either constipated or troubled with diarrhoea, and often subject to little colds and coughs; they also get what the nurses call "spotty." This, with teething and its accompanying upsets and discomforts, constitute, as a rule, the ailments of a healthy child. Now, with regard to constipation, a mother is apt to think that if her child has not the conventional six motions in the twenty-four hours he must be constitutionally wrong, and she immediately begins to physic him. In this as in other things no two children are alike. I have known a child who never had more than one motion in the twenty-four hours, but who was perfectly healthy; this one, however, took place regularly every twenty-four hours. Of course, it is better that they should have six, or at least three; but if the bowels of your baby are relieved every twenty-four hours do not interfere with him. Should he, however, fail to be relieved in the twenty-four hours give him an enema, or relieve his bowels with a piece

of soap at a regular hour every day till he gets into regular habits. Always cover the cake of soap with vaseline so as to facilitate introduction, and your child will soon get into regular habits. Swiss milk is more constipating than other milks, and till your child gets regular habits it would be well to give a little fluid magnesia in the bottle every day for about a week at a time. The sugar used in the milk should always be moist sugar, and not white cane-sugar. Now, supposing a mother should be nursing her child and the child be upset, she should look to her own diet and state of health. Should she be constipated she should take a dose of oil herself, and this will suffice to purge the baby. Should her baby be loose, on the contrary, she ought to look to her own diet, and see if she herself has taken anything that could upset it. It is most criminal of a nursing mother to take brandy or any strong spirits ; a little port wine or, best of all, beer if she feels weak is the best drink to nurse on, but even this in the plains is apt to make herself and the baby bilious. We would advise glasses of milk to be drunk through the day. A young mother is very apt the moment her child's bowels are upset to fly to physic. Nine children out of ten right themselves in about two days. Very few infants go digesting in the same way for long together. The motions will be at one time curded, at one time green

and slimy, and so on; very often after being undigested and curded for some time the motions will become very loose. Three days, however, in India is the longest time I would allow a baby to have the diarrhœa; after that, one of the safest and best prescriptions is the following. A mother should never be without it, especially when travelling.

Aromatic Powder of Chalk and Opium	10 grains.
Oil of Dill	5 drops.
Simple Syrup	3 drachms.
Water	9 drachms. Mix.

Half a teaspoonful to be given to an infant of six months and under, and one teaspoonful to a child above that age every four hours, first shaking the bottle.

When a child first starts diarrhœa it is always advisable to give a dose of castor oil, as the diarrhœa may be caused by some undigested substance that cannot be passed. It is also a good plan when you go to a new place, and especially if the child is upset by a journey, or if new diet has to be begun, or the milk of a new cow, to give a dose of opening medicine, and clear the stomach of any old substance before beginning the new.

Colds and Coughs

Colds and coughs are ailments from which very few children are completely free even in India. Here I would observe that mothers and

nurses are apt to think that a child is bound to go through its early life accompanied by a certain amount of colds, but this is not the case ; a careful nurse and mother can keep a child, almost without colds, and the less he has in his infancy the better. I would here warn the mother that a child while teething, or even before, while teeth breeding, often has what looks exactly like cold, but there is one distinction—the child does not sneeze. This tooth cough should not be checked at once, and, indeed, often cannot be, as in India it is a preferable vent for teething to diarrhoea; but if the child sneezes, has watery eyes, &c., this is what we would advise. My own baby at a fortnight old had a severe cold and cough. This we cured in two days by giving him three drops of brandy in a teaspoonful of milk every four hours. It is wonderful how much brandy a tiny infant can stand ; and although I am no advocate of alcohol being given to children, I must say that I have known brandy save children's lives, but it must always be diluted. The brandy had the effect of making my little boy sleep all day, and we were thus able to keep him in his cradle and cover him with warm blankets till he perspired violently. The two things combined cured him in twenty-four hours, although the cold was very heavy, and I fancy that this would suffice for most infants. Should the child be

older, say from two to six months, I would advise a dose of castor oil to clear the system, and the evening bath to be given a few degrees hotter than usual. Dry the child quickly and rub it all over from head to foot with mustard oil. This is to be bought in the bazaars in India. Two other things are excellent to rub a child over with: one is camphorated oil, the other I recommend above all, is Oriental balm; but this is expensive, one rupee a pot, and the pot is very small, and rarely lasts more than three or four days, but there is no doubt that this is the most efficacious of the three. It should be rubbed all over a small infant, or the forehead and bridge of the nose and on the soles of the feet. The cough of a small infant is often cured by small egg-spoonfuls of glycerine given every three or four hours, and a child generally takes it readily because it is sweet. Should the child's cough take the symptoms of influenza—that is to say, if it is accompanied by fever, hot and dry skin, smarting eyelids, and sore throat—give the following mixture:

Solution of Acetate of Ammonia	. 20 drops.
Syrup of Tolu . . . .	. 10 „
Camphor Water . . . .	. 2 teaspoonfuls.

Should it be only an ordinary cough the following prescription is good:

Carbonate of Ammonia	.	.	.	6 grains.
Tincture of Squills	.	.	.	$\frac{1}{2}$ drachm.
Syrup of Poppies	.	.	.	2 drachms.
Decoction of Senega	}	.	each	6 „ Mix.
Camphor Water				

Give one or two teaspoonfuls every four hours.

Paregoric should only be given to check a slight cough.

If it be bronchitis, which children often suffer from when teething, the following prescription must be given :

Powder of Ipecacuanha	.	.	.	12 grains.
White Sugar	.	.	.	36 „

Mix well together and divide into twelve powders, one of the powders to be put on the tongue every four hours. The child to be kept in a warm room and a mild aperient given. If he can drink milk, give five or ten drops of whisky in each cupful of milk. Put a linseed poultice on the chest. And here let me say one word about how a poultice ought to be made. If a poultice is not well made it will do more harm than good. In India, the best way is to have a chatty of hot charcoal brought into the room. Then take a clean saucepan, put it on the fire, then put a handful of linseed meal into it, and enough hot water to make a thick paste, but be particularly careful not to have it too liquid; keep stirring it with an iron spoon. Have a square of fine linen or muslin ready, the size required, on a hot

plate; spread the linseed meal quickly, making an even thickness. Then dip your iron spoon into hot water and run it over the linseed meal. Take care that there is no moisture pouring through the linen or muslin; a dry poultice is the only safe one. Do not lose time between the making and the applying the poultice, as no poultice is better than a lukewarm one. Always replace the poultice with a piece of flannel or a handkerchief to prevent the itching sensation.

In conclusion, I would say that it is the duty of every mother to look after her children and nurseries, and I would specially warn young mothers from being afraid of interfering with the nurses or ayahs. If a child falls ill, you often hear a mother say, "I thought this or that was not a good plan, but I did not like to say anything." It would be a very poor excuse if a child died to say, "I might have saved it, but I did not like to say anything." A mother is given a certain instinct with regard to her child, and these instincts she must follow, allowing nothing to come between her and the welfare of her children. She will be amply rewarded for her trouble by the health and love of her children, which latter will be all her own. It often amuses me to see how angry a mother gets if a child prefers its nurse, forgetting, perhaps, that she goes near it for five minutes every day, while the nurse is with it night and morning; and very beautiful it

is to see how some of these hirelings watch and amuse a child whose mother neglects it. For the child's sake, we would advise a young mother to harden her heart a little so as to get into regular ways, as no child can be healthy and happy who has no certain rules for its daily life; and, above all, we would beg her to cultivate that real love for her children which is so ennobling and so beautiful in a woman, and a safety to her through life. I conclude this little volume with a hope that its few pages may not have been all in vain, and that it may have been of some assistance to the Anglo-Indian mother in helping her to rear the English baby in India.

CHAPTER XIII

POISONS AND ACCIDENTS

Bites from Mad Animals and Snakes

WHEN a person is so bitten, at once suck the wound, do not lose a moment. If it be a limb, tie it above the wound on the side nearest the heart and encourage it to bleed; next suck it again, and this one may do without fear, provided you have no wound on lips or tongue. Clean the wound, if possible, with hot water.

The stings of insects often cause faintness and trouble. Take out the sting if possible, then apply ammonia (nim. nausadas) or vinegar and water to the spot. Occasionally stimulants are necessary.

Burns and Scalds

Burns are caused by hot solid substance or by flames; scalds are caused by hot fluids. They may vary from a slight redness of the skin to complete charring and destruction of the flesh. The object of all treatment is to exclude the air as quickly as possible, but first get the clothing off. This must be done by very carefully cutting it off piece by piece. Do not pull it off. Should

the part be blistered do not cut or open these unless told by the doctor to do so, but as soon as the part is clear of clothing protect it from the air either by dusting it thickly with flour, or covering it with rags dipped in oil. The oil must be either linseed, olive, or almond oil; never any mineral oil, such as paraffin or naphtha. After putting on the oiled linen apply a thick layer of thick wool or flannel. Remember that persons who have been burned or scalded suffer much from shock, and need relief from that as well as the burns; therefore give them warm stimulating drinks, and apply warm coverings without. Should by chance a person's dress catch fire let him at once lie down on the ground or floor and roll over and over; if possible seize a blanket, carpet, or rug, and roll himself in it.

Sun-stroke

A most common accident in India is the occurrence of sun-stroke or heat-stroke. The former comes on suddenly whilst exposed to the direct rays of the sun, but heat-stroke may come on at night during the very hot season. If due care is taken to have the head and back of the neck covered by a suitable hat or turban sun-stroke will rarely occur, no matter how hot the sun's rays may be. Against heat-stroke the precautions are not so obvious;

the chief, however, are never to go to sleep immediately after taking food, and never to sleep in any room which is over-crowded, or whose ventilation is faulty. Should either sun- or heat-stroke occur, at once strip off the person's clothes, lay him down with his head and shoulders a little raised, and pour cold water over his head, chest, and spine from a height of three or four feet, till he appears to revive or a doctor comes. Always carry such a person into the shade or into a dark room where it is cold, and let him lie perfectly quiet and undisturbed.

Poisoning

When a person takes poison, either accidentally or wilfully, it is often extremely difficult to know what poison has been given or taken, particularly as the unfortunate sufferer either cannot or will not, under the circumstances, give any information himself regarding the matter. The subject of poisons is much too large for precise details of their symptoms to be given in this book ; but in this section as much information will be given concerning poisons and their action as will be a simple, sufficient, and safe guide to anyone having to manage a case of poisoning on an emergency. In all cases it is necessary to first decide whether it is probable that any given case of illness has resulted

from poison or not. To settle this question the following circumstances must be considered :—

1. In a case in which poison has really been taken or given the symptoms appear suddenly. Now such is very rarely the case in true disease except it be sun-stroke, cholera, or apoplexy. Hence there is every reason to believe that poisoning has occurred if a person a short time previously in good health is suddenly seized either with vomiting and purging, or with delirium, or with insensibility. 2. The symptoms appear a short time after taking food or drink. This is very important, as it not only indicates that a poison has been given, but will often lead to a well-founded suspicion as to the person who has given it. 3. If several people partake of the substance containing the poison all suffer from the same symptoms. Cholera is about the only disease which is likely to affect at the same time several healthy persons shortly after a meal, hence this is a most important indication when it occurs. In such a case it is always necessary to find out whether the sick person ate some of each of the dishes of which the others partook, or whether he had any substance specially for himself.

Having settled that a person has really been poisoned, the next thing is to determine, if possible, what poison has been taken. Usually poisons are divided into three classes, viz.

those which induce sleep, others which cause excitement and delirium, and a third class which destroy the tender lining of the mouth, throat, and stomach.

The first class, or those which produce sleep, are commonly called narcotics, and usually contain opium (afinu or afim) in some form or other. They do not produce any pain, but at first a feeling of drowsiness and deep sleep. The pupils of the eyes are very much contracted, skin warm, and breathing noisy. Vomiting rarely occurs without an emetic, except just before death. The treatment for these cases is the early administration of an emetic, such as one ounce ($2\frac{1}{2}$ tolas) of common salt to six ounces (3 chittacks) of warm water. This should be given every quarter of an hour till vomiting takes place, and its action is much assisted by the addition of a quarter of an ounce of powdered mustard (rai or sarson) to each dose. If any European medicines are at hand, give sulphate of zinc (safaid tutia) in doses of twenty to forty grains every quarter of an hour, or sulphate of copper (nila tutia) in doses of five to fifteen grains. At the same time every effort should be made to rouse or wake the patient, by talking or calling in his ear, dashing cold water over the face, and giving strong coffee. A mixture of catechu, found in all the bazaars under the name of "kuth," with a little warm water, will

be useful as an antidote in these cases after vomiting has set in, and may be given in doses of from one to two mashas. In extreme cases artificial respiration is needed, but must be kept up for several hours. Should the person be kept alive for twenty-four hours or more, it is advisable to give a purgative. If no European medicines are procurable, ten kala dana seeds may be given, and the patient should be encouraged to drink largely of warm liquids, or two or three castor-oil seeds (arend) may be given.

The second class are those which cause excitement and delirium. They usually at first cause a peculiar taste in the mouth, with more or less pain in the stomach and throat, also a great thirst. Sometimes, too, but not always, they excite vomiting and purging. The symptoms caused by this group of poisons vary, but there is generally first excitement, then sleepiness with delirium, followed by insensibility and death. Convulsions, too, may occur. In India only three of these poisons are common; they are arsenic (sankhiya), datura, and opium. The treatment for them is the same as for the narcotics, but often, when recovering, the patients need stimulants. In most cases the administration of tea or of the infusion of catechu, already mentioned, will be useful. In both this and the first class the great thing

is to make the person vomit, and thereby rid the stomach of whatever is causing the mischief; then give raw eggs with milk. The third class of poisons includes those which produce destruction of the lining of the mouth, throat, or stomach, and are distinguished from all other poisons by their causing pain and other indications of disturbance in the parts to which they are applied. These poisons are often called acid poisons, and include the strong acids and alkalies, and some metals. The acids most commonly taken as poisons are oxalic acid, carbolic acid, sulphuric acid (gandak ka tesab), and hydrolic acid (namuk ka tesab). The alkalies most commonly taken as poisons are, caustic soda (sajji) and potash (jaokhar). The only metals in this group are arsenic and corrosive sublimate (dar chikna). A person who has taken either acids or alkalies complains of burning pain in the throat and stomach, with a feeling of sickness, and, at length, vomiting and purging. The treatment is to never give an emetic, but to at once administer linseed or salad oil. If it is an acid which has been swallowed, give alkalies, such as magnesia or chalk (safaid mutti). For poisoning by alkalies, give acids, the most handy one being vinegar, the acetic acid in which counteracts the action of the alkali. In these cases, too, raw eggs and milk may be given. What to do in poisoning by arsenic has already been

explained, and similar treatment may be employed if mercury or corrosive sublimate has been taken ; but always remember never to give an emetic if any suspicion exists as to the poison having been either a strong acid or a strong alkali.

As the treatment of poisoning is really most important, the chief rules for such will be now shortly repeated. First, always send for a doctor without delay ; second, try and find out what the poison is. If you do not know what sort of a poison has been taken, get mustard, salt, eggs, flour, and tea. Then give an emetic of either salt and water or mustard and water. Next give the patient one or two eggs with some milk, or give a handful of flour (atta maida) beaten up with water. Vomiting will now, probably, come on ; if it does not, more mustard or salt emetic. When vomiting has ceased, give the patient a cupful of strong tea and put to bed.

If, though still not knowing what the poison taken was, yet you find stains and marks about the lips and mouth, do not give an emetic, but at once give some linseed or salad oil, not almond oil. Also give milk with raw eggs, and apply hot cloths to the throat, and place in bed.

Should you by chance really know what the poison was, do not try and remember a special antidote, but send for the doctor at once, and you yourself act on the following broad facts,

which are: when a person has swallowed a poison and threatens to go to sleep, keep him awake at all costs; if he seems likely to go off into a fit, throw cold water into his face; when there are no stains about the mouth, give an emetic, eggs, milk, or oils, never almond oil, and end up with tea; when there are stains about the mouth, give oil, but no emetic.

CHAPTER XIV

PRESCRIPTIONS

Prescriptions for Liver Derangements

- (1) Dilute Nitro-muriatic Acid . . . 16 drops.
Sugar 30 grains.
Water 1 oz.
A teaspoonful after every meal.
- (2) Iodide of Potassium 4 grains.
Glycerine 1 teaspoonful.
Water to 1 oz.
A teaspoonful three times a day.
- (3) Rhubarb Wine 1 teaspoonful.
Syrup 1 „
Oil of Cassia 1 drop.
Water to 1 oz.
Shake, and take one teaspoonful every six hours.

Prescriptions for Diarrhœa

1. If the motions are green and curdled,
give—

Grey Powder 2 grains.
Bicarbonate of Soda 3 „

Every second day for three doses, and attend to the diet.

2. If the stools be very white :

Compound Powder of Rhubarb . . . 2 grains.
Powdered Chalk 3 „

Given three times a day.

3. Or—

Ipecacuanha Wine	. . . . .	8 drops.
Aromatic Spirit of Ammonia	. . . . .	8 „
Sweetened Water	. . . . .	1 oz.

A teaspoonful every four hours.

4. If the discharge be very loose and “running away:”

Subnitrate of Bismuth	. . . . .	$\frac{1}{2}$ drachm.
Sugar of Milk	. . . . .	1 „

Divide into ten powders, one to be taken three times a day.

5. If the child be pale and bloodless, the following will be often useful:

Tincture of Perchloride of Iron	. . . . .	8 drops.
Glycerine	. . . . .	1 teaspoonful.
Water to	. . . . .	1 oz.

One teaspoonful three times a day after meals.

6. Fresh bael fruit may also be prepared in various ways to taste, and is a useful medicine in very many cases.

Prescriptions for Dysentery

1. One grain of ipecacuanha every six hours for ordinary cases.

2. If green curdy matter be mixed with blood and slime:

Ipecacuanha	. . . . .	$\frac{1}{2}$ grain.
Grey Powder	. . . . .	1 „

May be given for a day or so, up to eight powders.

3. If there be very much griping or pain, give—

Dover's powder	.	.	.	.	$\frac{1}{2}$ grain.
Ipecacuanha	.	.	.	.	$\frac{1}{2}$ „

Every six hours.

4. For excessive looseness of the bowels, along with dysentery, give—

Bismuth	.	.	.	.	3 grains.
Ipecacuanha	.	.	.	.	1 grain.

Three times in twenty-four hours.

5. An enema of equal parts of lime water and milk at about 100° F. is often useful.

6. In choleraic diarrhœa—

Subnitrate of Bismuth	.	.	.	16 grains.
White Sugar	.	.	.	4 drachms.
Powdered Opium	.	.	.	1 grain.

Mix and divide into twelve powders, one to be given every two hours.

Prescriptions for Colds and Coughs, &c.

1. For commencing colds, give—

Solution of Acetate of Ammonia	.	.	.	4 teaspoonfuls.
Ipecacuanha Wine	.	.	.	16 drops.
Syrup	.	.	.	1 teaspoonful.
Water	.	.	.	2 oz.

One teaspoonful every four hours.

2. For irritative cough without much wheezing, give—

Tincture of Hyoscyamus . . .	16 drops.
Bromide of Potassium . . .	8 grains.
Spirit of Ether . . .	16 drops.
Glycerine	1 teaspoonful.
Water	2 oz.

A teaspoonful when cough is troublesome.

3. Where there is much wheezing and phlegm, and but weak cough :

Aromatic Spirit of Ammonia . . .	16 drops.
Infusion of Senega	1 oz.
Extract of Liquorice	1 drachm.
Water	1 oz.

A teaspoonful every four hours.

4. Where cough is strong and phlegm abundant, with rattling and wheezing about the chest, give—

Syrup of Roses	$\frac{1}{2}$ a teaspoonful.
Syrup of Tolu	$\frac{1}{2}$ „
Water to	2 oz.

A teaspoonful every four hours.

5. In bronchitis and in the severe cough accompanying measles :

Dilute Nitric Acid	2 fl. drachms.
Wine of Ipecacuanha	3 „
Paregoric	2 „
Oxymel of Squills	3 oz.
Water to	6 „

Two teaspoonfuls every two or three hours.

Wine of Ipecacuanha	3 fl. drachms.
Paregoric	2 „
Oxymel of Squills	3 oz.
Water to	6 „

Two teaspoonfuls every two or three hours.

Tonics

1. For pale, bloodless children :

Tincture of Aetate of Iron	. . .	8 drops.
Spirit of Ether	. . . . .	8 „
Syrup	. . . . .	2 teaspoonfuls.
Water to	. . . . .	2 oz.

A teaspoonful three times a day after food.

2. For loss of appetite, give—

Two drops of Compound Decoction of Cinchona three times a day.

3. For children that are thin and delicate, give—

Cod-liver Oil and Maltine, commencing with very small doses and gradually increasing the quantity as the child improves, to be administered with food.

4. Often, when a child is depressed, nothing will be found to suit it as well as clove tea.

5. Parrish's food is excellent for children who are late in teething.

6. Gentle shampooing and friction of the body and limbs.

7. In exceedingly debilitated little ones who have weak stomachs, cod-liver oil may be rubbed in over the abdomen and on the insides of the limbs, or a flannel dipped in cod-liver oil and covered with oiled silk may be worn round the waist.

8. Dusart's syrup can often be taken by children who cannot take Parrish's food.

9. The best pick-me-up for children after two years old is cod-liver oil and maltine.

Prescriptions for Rashes, Tooth-rash, Ring-worm, &c.

For tooth gum give—

(1) Two grains of Bicarbonate of Soda in a little milk night and morning.

(2) Sponge the body over with an Almond Emulsion and dry with a soft towel.

(3) Apply occasionally a little of the following ointment:

Oxide of Zinc	.	.	.	.	.	20 grains.
Thymol	.	.	.	.	.	5 „
Vaseline	.	.	.	.	.	1 oz.

For ringworm—

Chrysarobin	.	.	.	.	.	1 part.
Benzoated Lard	.	.	.	.	.	9 parts.

(1) A little to be rubbed in every second day or until irritation is caused by it.

(2) Ointment of White Precipitate can also be used for small patches of disease, a little to be rubbed on the affected part. As soon as the redness and scaling that follow this have subsided another application can be made.

For a rash that comes out as small discharging boils, keep the bowels regular, wash the surface with very warm water, clear off all crust and discharge, and over each discharging point

or ulcerated little patch keep a piece of lint moistened with a lotion of carbolic acid, about one part of carbolic acid to eighty or sixty of water.

For eczema, and all rashes accompanied by a watery oozing and tendency to form scabs, also when the skin is red and tender :

Oxide of Zinc	2 drachms.
Calamine Powder	$\frac{1}{2}$ oz.
Bichloride of Mercury	1 grain.
Glycerine	2 drachms.
Rose Water	6 fl. oz.

This is for external use only, and should be applied on a piece of linen soaked with it. It should be marked *Poison*.

APPENDIX

SINCE writing this book I have come across two invaluable foods, Welford's and Frame Food, the latter most invaluable. The importance of phosphates in food to children—and also to adults—resident in India is very great. Chemical phosphates cannot be assimilated by the animal world, which requires organic phosphates, *i. e.* derived from the plant or the animal kingdoms. To obtain a sufficient supply of organic phosphates without consuming an

excess of meat or other food has hitherto been an insuperable difficulty, which the "Frame Food" invention has now overcome. The Frame Food Company extract the soluble, nutritious matter from wheat bran, and no less than 10 per cent. of their extract consists of the mineral matter, or phosphates, of wheat, which are located in the bran. The extract can be added to every kind of farinaceous food, but can be most conveniently consumed in the "Frame Food" Diet and "Frame Food" Jelly, in which the phosphatic extract is the especially nourishing factor. I cannot too highly recommend the strengthening, invigorating effects of this invaluable invention.



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TESTED FOR PURITY,
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Permanent Protection from Chill.

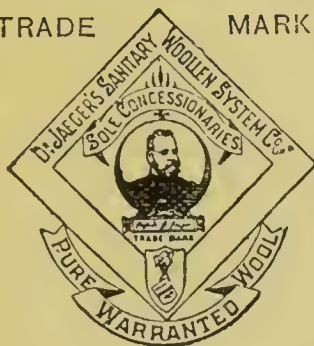
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The "Jaeger" Goods are Tested for Purity in the Company's Laboratory, and are Guaranteed by this Trade Mark, without which none are genuine.

Dr. Jaeger's Health Culture, 188 pp., and Illustrated Jaeger Catalogue supplied free.

Dr. JAEGER'S Sanitary Woollen System Co., Ltd.,

3 and 4, Princes Street, Cavendish Square, W., with Tailoring; 30, Piccadilly (next to St. James's Hall); 456, Strand (opposite Grand Hotel); 158, Fenchurch Street (close to Lime Street); 85 and 86, Cheapside (close to King Street); 42 and 43, Fore Street (close to Moorgate Station), with Tailoring.

NEAVE'S FOOD

FOR INFANTS, CHILDREN,
Invalids and the Aged.

RICH IN FLESH AND BONE-FORMING CONSTITUENTS. PROMOTES THE HEALTHY ACTION OF THE BOWELS.

"Highly nutritious."—LANCET.

"Admirably adapted to the wants of Infants."
SIR CHAS. CAMERON, M.D.

"KURRACHEE, July 16th, 1887.—Your Food is undoubtedly the very best of all infants' Foods.—Yours truly,
BESSIE LAMBERT."

RECOMMENDED BY THE HIGHEST MEDICAL AUTHORITIES.

NESTLÉ'S FOOD FOR INFANTS.

In the TRYING HOT WEATHER, when INFANTS often BECOME GREATLY RELAXED, and regulation of their diet is of the utmost importance, Mothers should use NESTLÉ'S FOOD, which they will find most beneficial.

Dr. SIDNEY RINGER, Professor of Practice of Medicine and Physician of University College, London, in his Eleventh Edition of 'Handbook of Therapeutics,' says—

"I find Nestlé's Food the best of all foods for Children with great delicacy of stomach and intestines."

The Food for Hot Climates.

Does not heat nor irritate the most sensitive stomach.

WHEAT PHOSPHATES NOURISH BRAIN AND FRAME,
FORM BONE, TEETH, AND MUSCLE, AND ENRICH
THE BLOOD.



is a COOKED FOOD STRENGTHENED with the
“FRAME FOOD” EXTRACT of WHEAT PHOS-
PHATES; the only Food which contains Extracted
Wheat Phosphates, and therefore the

MOST NUTRITIOUS FOOD IN THE WORLD

For **INFANTS**; Developing Bones, Muscles, Teeth, Brain:

For **INVALIDS**; Restorative and Invigorating:

For **ADULTS**; A Delicious Breakfast and
Supper Dish.

Can be taken and retained by the weakest
stomach when all other food is refused.

The following is extracted from a letter written by
F. ARNOLD LEES, M.D., M.R.C.S. Eng.,
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“ I consider the dietetic principle of restoring to wheaten food the essential and valuable constituents abstracted in the ordinary processes of grinding, to be a thoroughly sound and inestimably useful one. I know of no discovery of late years at all equal to it.

“ Ill-nourished and rickety infants and little children have improved under the use of the DIET and of the Extract (added to warm cow's milk) in a manner veritably little short of marvellous. Nursing Mothers, I find, prefer the Diet to any other food.”

*$\frac{1}{4}$ -lb. Sample in Handsome Enamelled Tin sent free on receipt
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FRAME FOOD CO., LD., LOMBARD RD., BATTERSEA, LONDON.

MELLIN'S FOOD.

MELLIN'S FOOD is a soluble, dry extract which is prepared from wheat and malted barley; it consists of dextrin, maltose, albuminoids, and soluble phosphatic, potassie salts, &c.

It is entirely free from starch and cane-sugar, the starch having been transformed into dextrin and maltose by the malt diastase, and it is alkaline in reaction. Added to diluted cow's milk it produces a complete diet. It supplies materials by which the diluted milk is converted into a perfect baby's food; *it assures the digestion of the milk by the infant*; it makes the albuminoids of milk, which would otherwise be coagulated into a tough, hard curd in the stomach, light and flocculent, as in mother's milk; in short, the character of cow's milk is so changed by the addition of MELLIN'S FOOD that the mixture shows the closest approximation, chemically and physiologically, to human milk.

Three distinctive characters of MELLIN'S FOOD will be at once appreciated:—*It is easily digested and very assimilable and nourishing*, so that, when dissolved and prepared, it is ready for immediate absorption and assimilation; it is free from husks and indigestible inert matter that would cause irritation. The value of these properties is highly appreciated when it is remembered that the digestive organs are simpler and the necessity of readily available nourishment greater in a baby than in an adult. By the use of MELLIN'S FOOD and the exercise of proper care, those diseases which make such frightful havoc among infants—diarrhoea, convulsions, the various wasting diseases, &c.—have been largely decreased, and may be still further reduced.

Mellin's Food prepared with Cow's Milk.

Water	85.34
Carbohydrate	6.95
Fat	2.54
Albuminoid matter	4.45
Salts	0.72

MELLIN'S FOOD COMPANY FOR INDIA, LIMITED.

AGENTS FOR INDIA:

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